MARYLAND

c. LENGTH OF STAY IN 16

llyr.2mo.18das

RURAL and give nearest town)

Dorchester

CITY OR TOWN (If autside carporate limits, write

Cambridge

d. NAME OF HOSPITAL (If not in hospitol, give street oddress)

PLACE OF DEATH

o. COUNTY

Dorchester

Day

10

Days

U.S.A.

(County)

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN

ONSET AND DEATH

Unichown

PERFORMED?

YES NO X

(Stole)

DATE SIGNED

(State)

YES NO XX

Year

19 59

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

Maryland

d. STREET ADDRESS

Cambridge.

b. COUNTY

After defeched the by prior reto

West EndAvenue Eastern Shore State Hospital NAME OF Middle 4. DATE Manth DECEASED OF DEATH Emily Alica Adams Poges (Type or print) August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH last birthday) Months WIDOWED [DIVORCED [2-7-95 Female white 64 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George W. Adams Tryphina Evans INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give war or dates of service) RECORDS - Eastern Shore State Hospital no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y Cerebral Hemorrhage IMMEDIATE CAUSE (o) 2 Coax DUE TO Generalized Arteriosclerosis Canditions, if ony, which gove rise to immediate DUE TO cause (a), stating the under-Diabetes Mellitus lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 0 CERTIFICATI 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year foctory, street, office bldg., etc.) 0 m Nat while at work at work 21. I certify that I attended the deceased from August 5 , 1959, to August 10 , 1959, that I last sow the deceased and that death occurred at 11PM, from the causes and on the date stated above. FUNERAL DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. E.S.S. Hospital Cambridge Md. PHYSICIAN'S registrar George Longley, M.D. NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY abod REMOVAL (Specify) 0 E MAN. RES-D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE DATE AUG 1 3 '59 Chilling & Kings VS A15 (4) 15M 9758



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CERTIFICATE OF DEATH

Reg. Dist. No.

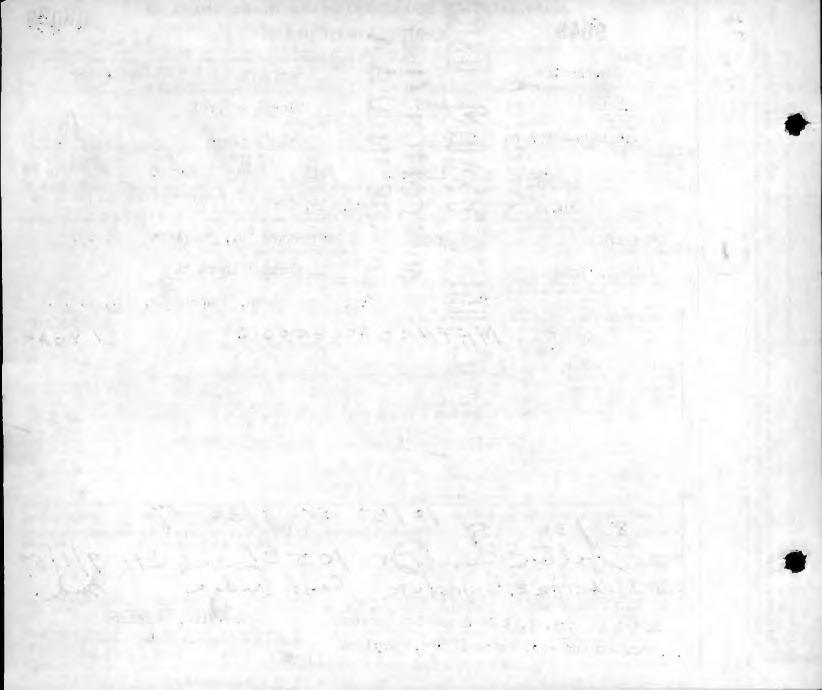
1. PLACE OF DEATH o. COUNTY	orchester		MARYLA	- 11	o. STATE Mary	here decessed	The state of the state of			onj
b. CITY OR TOWN (RURAL and give in Cambr		s, write	c. LENGTH OF STAY IN	і 16	c. CITY OR TOWN (IF	outside corpo na. – R		JRAL and give n	earest town	}
OR INSTITUTION	TAL (If not in haspital, gi idge—Maryla:	-			d. STREET ADDRESS	's Gro	ve			DENCE FARM? NO [
3. NAME OF DECEASED (Type or print)	Fin Lena	it	Middle Elizabet	sh	Bell	4. DATE OF DEATH	Moni Augusi	and the same same		9 59
S. SEX Female		7. MARR	IED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years lost birthday) 74 yrs.	Months Days		R 24 HRS Min.
10a. USUAL OCCUPATION during most of wor HOUSEWOY 13. FATHER'S NAME	king life, even if retired)	lone 10b.	KIND OF BUSINESS OR		Dorcheste 4. MOTHER'S MAIDEN	r Co.,	2.5	d U.S	OF WHAT CO	DUNTRY
Tahn A	Mannhar				Elizabet		wright			
15. WAS DECEASED EVI	Murphy ER IN U. S. ARMED FORCE	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT	/A.A. 1 - Colonia	Addr	ess		
(Yes, no, or unknown)	(If yes, give war or dates of se	21	8-20-4734	$M_{\mathbf{T}}$	s. Glen Wil	son, F	hodesdale	e, Md.,	R.F.D	
Conditions, if of gove rise to it couse (a), storing lying couse lost. PART 11. OT	the <u>under-</u> DUE TO (c)		ONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	PERFO	RMED?
20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCC	CURRED. (E	inter nature of injury in	Port I or Por	II of item 18.)		YES [NO 🖪
ZOc. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yea	While	Not while to do work	De. PLACE foctory	OF INJURY (Home, for , street, office bldg., et	m, 20f. (City c.)	or town)	(Count	у)	(Stote
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Holly C	19.2	wist ute	M,D	Com	ADDRESS (SI	the causes and reet, city or lown,	stote)	te stated	abave E SIGNET
REMOVAL (Specify	Sept. Z.	1959	Brookview	Ceme	tery	Brock		eryland	(Stote	:)
J.J.Frampt	om and Son,	Fede	ralsburg, M	aryla	nd DATES			bur & House		

may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours prior to burial, cremation, or removal, and in any event within 72 hours prior to burial, cremation, or removal, and in any event within 72 hours prior to burial, cremation, or removal, and in any event within 72 hours prior to burial. death. Page 4 ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

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TO HOSPITAL d VS A1S (4) 1SM 9/S8



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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death. Page 4

requires that the death certificate be executed within 24 hours

hos been signed by the ottending physician and completely filled in by the funeral director, viol-transit permit. Then please remave cateom-papers. Pages 1 and 2 shauld be filed with

page 3 should be detached far use as the burial-transit may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate

TO HOSPITAL VS A15 (4) 15M 9/S8

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							Reg. Dis			
1.	PLACE OF DEATH	STER	MARYLAND	2. USUAL RESIDENCE (WE OF MAIR YLAMD)	vere deceased i	ived. If institution b. COUNTY	on: Residen	DOR'C'H	ESTE	h
	b. CITY OR TOWN (I CAMBRIDGE	f outside corporate limits, wr earest town)	c. LENGTH OF STAY IN 16	CLAMBRIDGE		le limits, write R	URAL and g	give neare	st fown)	
	d. NAME OF HOSPIT CAMBRIDGE	AL (If not in hospital, give st MARYLAND HO	reet address)	d. STREET ADDRESS 302 LEANARD	S LANE				IS RESID	ARMZ
	NAME OF DECEASED (Type or print)	SAMUEL	T Middle	B ELL	4. DATE OF DEATH	A	Ġ 25	Day	Ye	59
5. S	SEX IALE	T. II. I TOVIN	AARRIED NEVER MARRIED DIVORCED DIVORCED	MAY 6 1875	9.	AGE (In years lost Birthday)	Months		UNDER	24 HRS. Min.
10a	LUSUAL OCCUPATION WORLD	ON (Give kind of work done- ting life, even if retired)	106, KIND OF BUSINESS OR INDI- FARMER	ISTRY 11. BIRTHPLACE (Stote MARYLAND)	or foreign cov	ntry)		ZEN OF W	HAT CO	UNTRY?
13.	FATHER'S NAME LEVIN	BELL		14. MOTHER'S MAIDEN IN	L LINTH	ICUM				
IS.	WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	J SPICER BELL	CAME	RIDGE	MARYL	AND		
		TH [Enler only one couse p TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o). (b), and (c).]	PNEUMON	NA			INTERV	AND D	WEEN DEATH
	Conditions, if o gave rise to i cause (o), stating lying cause last.	ny, which (b)	CEREBR	AL H	EMel	RR HA	165		7 0	AY
CERTIFICATION			ARTERIOS		INAL DISEASE (CONDITION GIV	EN IN PAR	30.7	PERFOR	
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Parl II	l of item 18.)				
MEDICAL	29c. TIME OF INJUR Hour o. m. p. m.	W		LACE OF INJURY (Home, form octory, street, office bldg., etc		r lown)	(0	County)		(Stote)
	21. I certify the alive an	DEFES R.	- Aller	M.D. /36	M, from the ADDRESS (Stree	5 1957, 1957, 1e causes an et, city ar town, E ST	d an the	date s	tated -	
1	BURIAL, CREMATIC BURIAL, (Specify)	AUG 28, 1	959 20c DORCHESTER	MEMORIAL PARK		BRIDGE	o' Mary	LAND	(Stote)	
23.]	FUNERAL DIRECTOR	S SIGNATURE FUNERAL SERVI	CE CAMBRIDGE	MARYLAND 240. REC	D BY REGISTRA		STRAR'S SIC	4 4		

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FOR STATE HEALTH DEPT.

4 hours ofter death. If any delay is stary, please ive Pages 1. 2. and 3 to the funeron offector. Page arm PM3. Page 5 may be retained for your files. Tile pages Jand 2, with the State Board of Health, event within 72 hours after death. M

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O DEPUTY M. AL EXAMINER: This certificate should be executed within 24	en'	4 should be forworded to the Chief Medical Examiner's Office along with fi	O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. F	the first distribution to the forest of the first of the
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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9065 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 19022

Commence of the last of the la	A-10-20-00-00-00-00-00-00-00-00-00-00-00-00		T-74-1								-	
I, PLACE 6		chester		MAR	YLAND	2. USUAL RESIDENCE O. STATE	CE (Where deced	sed lived. If instit b. COUN	TY	ence bef	fore admi	ission)
b. CITY	OR TOWN pr	outside carparate limits, writ	PURAL	c. LENGTH OF STAY	IN 1b.			porate limits, write			eorest to	wa)
	ambrid			lyr.lmo.2	6dae	Witt	man	3	PX.	2		
		AL OR INSTITUTION (If not in hos			d. STREET ADDRE						ESIDENCE
E	astern	Shore Sta	te Hos	pital								A FARM? NO €
3. NAME (DECEAS (Type or	ED	Fir Wi T	u liam	Middle Pecl	ć	Brandow	4. DATE OF DEATH	Mon Aug		Doy 20		Yeor 19 59
5. SEX		1000		D NEVER MARRIE	-	The same of the sa		9. AGE (In years	IF UNDER	-		ER 24 HRS
Ma	ale	W	WIDOWED	DIVORCED		May 28, 18	387	lost birthdoy) 70 yrs.		Days	Hours	Min.
10o. USUA	L OCCUPATIO	ON (Give kind of work of life, even if retired)	done 10b. K	IND OF BUSINESS OR				ountry)	12. CITI	ZEN OI	E WHAT	COUNTRY
auting n	Watern	•				Marylar	nd		T	J.S.	Α.	
13. FATHE	R'S NAME					14. MOTHER'S MAID		-	h		20.4	-
	Charle	s Brandow				Manie	Marshal	1				
15. WAS D	ECEASED EVI	R IN U. S. ARMED FO		SOCIAL SECURITY NO	. 17. IN	FORMANT		Addres				
				12-16-1270	Ea	stern Shor	re State	Hospita	1 Reco	ords		
Cendi gove (a), si course	PART I. DEAT itions, if or itise to immediating the united to the state of the sta	inderlying DUE 10 (c) ER SIGNIFICANT CON	M DITIONS CO	yocardial I			ERMINAL DISEAS	E CONDITION GI	VEN IN PAR	2	days	6.
3		re 7, 8, 9								1	YES 🗍	NO N
	RY TERNAL CAU RY TO GO CON OF DEATH.	SE WAS NTRIBUTING 120		HOW INJURY OCCU	RRED. (En	ter nature of injury in	Port I or Part II	of item 18.)				
2	ME OF INJUR four ø, m, p. m.	8-6- 19	59 While of wor	NJURY OCCURRED Not while of work	lactor	E OF INJURY (Home, ry, street, office bidg., Spital	(e)(c.)	or town) bridge	Doz		Md	(State)
21. 1	certify th	at I toak charge	of the r	emains describe	d obov	e, held on Auto	apsy 🔲, I	nspection 📆	, Inquir	у 🔲	, on	d in my
		resulted from: 1	Vatural c	auses 🚺 . Acci	dent [, Suicide	, Hamicide	. Undet	ermined n	nanne	_	II OLUPA
SIGN		for	-21	r-ci)	_	M.D.	AL EXAMINER				DATE S	HAMEU
EXAM	UNER'S			1	1	ASSISTANT ME	DICAL EXAMINE	R				4
	(Type)	John Mace					CAL EXAMINER		********		8/20)/59
Bus	CREMATIO	8/22/	59	Olwer	Coen	netery	22d. LOCA	TION (City, town)	alls	1	Na	1
23. PUNER	yaml	S SIGNATURE	vriso	N St. M	chae	26 Md 081	G 2 4 '59		STRAK'S SIG	NATUR AUA	E	

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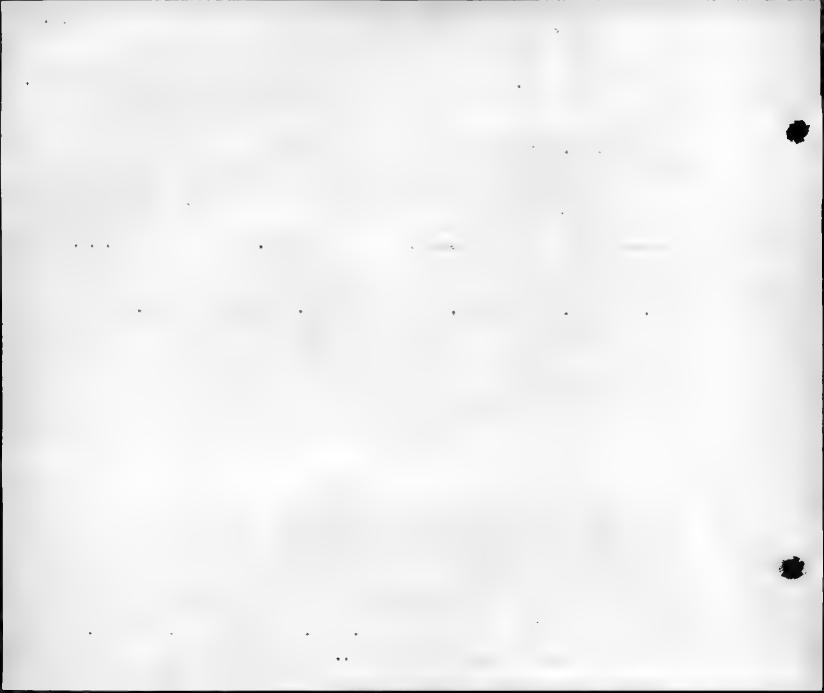
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death. Page 4 may be retained by the haspital ar attending physician.

TO FUNEME DESCIPE: After this mertificate has been signed by the attending physician and mampletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed—with Seath after the registrar priar to burial, cremation, ar remaval, and in any event within 72 haups

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus TO HOSPITAL VS A15 (4) TSM 9/SB

I. PLACE OF DEATH		2. USUAL RESIDENCE (W		If institution Resider	nce before admission)		
Dorchester Co.	IMMATURANO	Maryland Dorchester Co.					
b CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limi	ts, write RURAL and	give nearest town)		
Cambridge	Days	X Linkwo	od				
Cambridge d NAME OF HOSPITAL (If not in haspitat, give sti OR INSTITUTION	reel address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
Cambridge, Md. Hospita		None			YES NO		
3. NAME OF First	Middle	Last	4. DATE OF	Month	Day Year		
(Type or print) Phryn	Fetter	Burke	DEATH	8	22 1959		
S. SEX 6 COLOR OR RACE 7 A	AARRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE	(In years IF UNDER	R I YEAR IF UNDER 24 HRS Days Hours Min.		
F White WID	OWED DIVORCED [9/10/1883	75 /	76 yrs.	Days Hours Min.		
10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	ar foreign country)	12.CI7	IZEN OF WHAT COUNTRY		
Housewife	Housewife	Marvlan	nd.		U.S.A.		
13. FATHER'S NAME	h	14. MOTHER'S MAIDEN					
Davis Fetter		Sue Ross					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO 1	NFORMANT		Address			
(Yes, no, or enknown) (If yes, give wor or dates of service)	NO E	dna Burke, Li	nlarood M	brecland			
18. CAUSE OF DEATH [Enter only one cause p		dia burka in	TINWOOD, C	AT Y DAING	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY	CA	Hear	Jusen	- O	ONSET AND DEATH		
IMMEDIATE CAUSE (o)	CO YOYUL	24	E-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-		- Church		
24 DUE TO		•					
Conditions, if ony, which (b)			- the state of				
couse (o), stating the under-							
lying couse last.) (c)	ALC CONTRIBUTIONS TO DEATH BUILD	LIOT OF LATED TO THE TERM	ONLY IN COLOR CONTR	A LANCE CARLE	DT 1/-> 10 N/AC A ITOPCY		
PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT KEDATED TO THE TERM	MINAL D SEASE CONL	TION GIVEN IN PAI	PERFORMED?		
5				200	YES NO		
OR CONTRIBUTING CAUSE OF DEATH!	DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Port I or Port II of it	am (8)			
	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farr	m, 20f. (City or tow	n)	(Caunty) (State		
Hour c.m. 19 of	hile Not while of work	ctory, street, office bldg., etc	c.)				
	10/10	19 JG to -	8/22	10 (5/4-11)			
21. I certify that attended the dec	10	7 7117	7 ·/L · · · ·	-	ast saw the deceased		
alive on, 1	277, and that death	occurred at 1	'M, from the co		e date stated above		
ACTUAL	Mariano	/ 12	6 Par	2 (7)	8/25/12		
SIGNATURE CLASSICILIE	10 angun	M.D. []	7 7 7 B	C.,-J./	//		
PHYSICIAN'S Lawren	e Maryane	V Ca	mbri	Ngt, 1	Nd		
720 BURIAL, CREMATION 226. DATE THEREOF REMOVAL (Specify)	224 NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ity, Gwn, or county)	(Stote)		
Bueial 8/24/59	Dorchester M	em. Park.	Cambri	dge. Marv	Land.		
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			246 REGISTRAR'S S			
Le Compte Funeral Ser	vice, Cambridge,	Md. DATE	0 2 6 '59	0 11 - 0	Lee .		



VS A1S (4) 15M 9/55 X

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9066 CERTIFICATE OF DEATH

09024

Reg. Dist. No.

1 PLACE OF DEATH OCCUPITY Dorchester MARYLAN	a STATE Mary and b. COUNTY Lochester
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Little Company (14 US)	1 . 0 //
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS a. 15 RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) Mattie Siddle	Camper Of DEATH august 21 1959
Jenale White WIDOWED DIVORCED	Nov. 15,1883 75 yrs. Months Days Hours Men
10a. USUAL OCCUPATION (Give kind of work done during may of working life, even if refired)	DUSTRY 11 BIRTHPLACE (Stote or foreign equity) 12. CITIZEN OF VYHAT COUNTRY ALAWAY U.S.A.
13. FATHER GINAME Jones	Margaret Lavimore
15 WAS DECEASED EVER IN U. S. ARMED PORCES? V. SOCIAL SECURITY NO. 17 (Yes no. or unknown) [17 yes, give wor or date of vervice] 213-09:468	Mrs. Havington Smith Williamstorg.
PART I. DEATH {Enter only one couse per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)	ive Concutive Justina Interval Between ONSET AND DEATH
Conditions, if ony, which) gove rise to immediate	is Azpertem Hard Discur 10-12 yrs
tring cause last DUE TO Concrutized	Arteria solerosis 10-14/13
	DUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part f or Part II of item 18.)
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour a. m. 19 of work of work	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) factory, street, office bldg., etc.)
21. I certify that I attended the deceased fram 114	
ACTUAL SIGNATURE SULLY B Rummer	ADDRESS (Street, erryor lawn, state) ADDRESS (Street, erryor lawn, state) ADDRESS (Street, erryor lawn, state) MD PO Browning MD PO Browning
PHYSICIAN'S HUROLY B. Plymmen	410 P.O BOUTFIEL PRESTA MY.
220. BURIAL CREMATION. 220. DATE THEREOF 22c NAME OF CEMETER REMOVAL ISPECIFY RUCY 23,1959 Devitt (enetry Sewett, Maryland
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND ADDRESS AN	Whale DATE AUG 2 5 '59 Orchur S. KLAMA
	Md



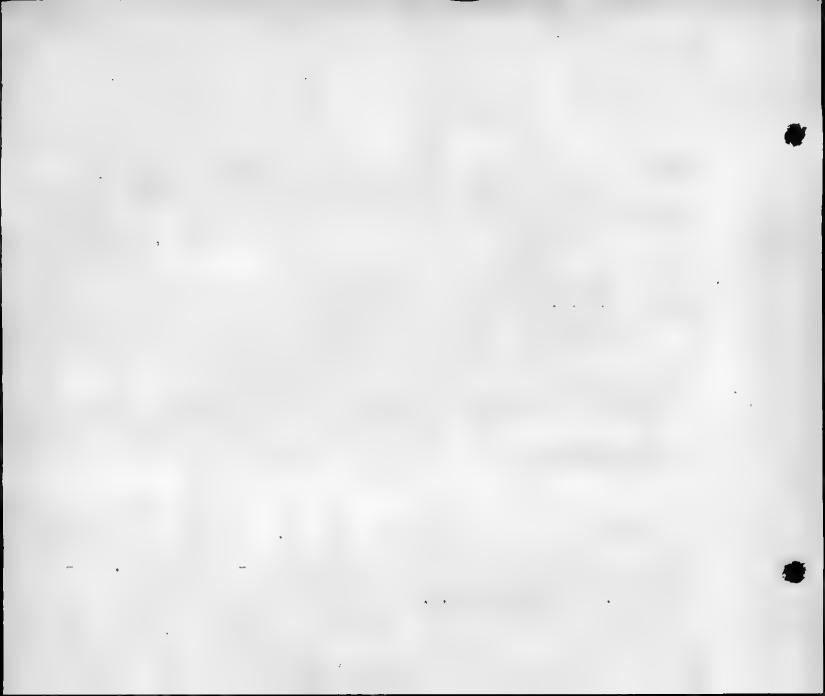
9052 CERTIFICATE OF DEATH

09025

/L									Reg. Dist.	. No.	
<u> </u>	I, PLACE OF DEATH				2	USUAL RESIDENCE (V	Vhere decease		n: Residence	before adr	nissian)
	a. COUNTY	Dorches	ter	MARYLAN	D G	o. STATE Mary	/land	b. COUNTY	Dore	hest	er
ŀ	b. CITY OR TOWN (If outside corporate limi		c. LENGTH OF STAY IN	Ь	c. CITY OR TOWN (IF		>rate limits, write RL			
	RURAL and give it. Camb	ridge		Life		/? Caml	oridge	9			
ı	d. NAME OF HOSPI	TAL (If not in hospital, a	ive street			d. STREET ADDRESS				e. IS	RESIDENCE
Į	OR INSTITUTION	High Stre	et			439	High	Street		YES	NO P
	3. NAME OF DECEASED	Fir	ıł	Middle		Lost	4. DATE	Mont		Day	Year
	(Type or print)	Thom	American deliber	Paul.		Cephas	OF DEATH	2400 000		1,	1959
-	S. SEX	6. COLOR OR RACE	7 MAR	RIED X NEVER MARRIED [□ B. :	DATE OF BIRTH		9 AGE (In years lost birthday)	Months 0	YEAR IF UI	
	<u> Male</u>	Negro	WIDOW			March 20,	1886	73 yn.			
	10o. USUAL OCCUPATI- during most of wor	ON (Give kind of work of king life, even if retired)	lone 10b.	. KIND OF BUSINESS OR II	IDUSTR	11. BIRTHPLACE (Stor	e or foreign o	ountry)	12. CITIZ		IAT COUNT
-	Farme	r		Farming				ounty, Md		USA	
	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		Columbus		phas			Emma				
	IS. WAS DECEASEDEVE	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	7, INFO	PRMANT		Addre	ess		
	No			None	Eve	elyn Cepha	as, Ca	ambridge	, Md.		
ľ			use per li	ine for (a), (b), and (c).]						INTERVAL	BETWEEN ND DEATH
	PART I. DE	ATH WAS CAUSED BY, IMMEDIATE CAUSE (a	C	ardiac Dece	omo	ensation				ONSE! A	NO DEATH
1	4.00.0	DUE TO									
	Canditions, if c	ny, which)	Ar	teriosclere	oti	c heart d	iseas	9			
1	gave rise to immediate codise (a), stating the under-										
1	lying cause lost.	(c									
	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIVE	EN IN PART I	1(o) 19. W/	AS AUTOPSY
1	PART II. OT									YES	
1	20g. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCU	RRED.	Enter nature of injury in	Port I ar Po	t II of item 18.)			
		MEDICAL EXAMINER)									
1	Y 20c. TIME OF INJUI	RY Month, Day, Yes				OF INJURY (Home, for y, street, office bldg., e		y or town)	(Co	uniy)	(Stote
1	Hour o.m.	19	White of wo		100101	y, arrest, orrice blog., e					
-	21. I cartify t	hat I attended the	deceas	sed from July		168 to	Augus	t 1, 19 59	that I la	et come ti	a docon
1		igust 1	a 195	^	ath a			m the causes a			
1			7 8	Y and mar de	am a	corred dellate.		ill the causes at		s date si	DATE SIGN
1	ACTUAL SIGNATURE	Maria	w	ist-		227 Pin		Cambridg		. 8	-11-5
7	SIGNATURE	7		•	M.1		9_90	OUT TWE	10.11.		
1	PHYSICIAN'S NAME (Type)	I. Edwin H	ass	ett.M.D.							
-	220. BURIAL, CREMATIC	ON, 226. DATE THEREC	100	22c. NAME OF CEMETER	YORC	REMATORY	22d. LOCA	TION (City, lown, o	r county)	(5	tote)
	REMOVAL (Specify BUTLA)	8/4/19	59	Waugh Co				mbridge,			
1	23 FUNERAL DIRECTO		,	ADDRESS			C'D BY REGIS			NATURE	
	Miskey X	MAHL	1211	& Cambret de	70	Md DATE	aug 1.2	159 CL	ribus &	Krauk	

TO HOSPITAL CHATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours for death. Page 4 may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remover Gribba pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours death. VS A1S (4) 15M 9/55



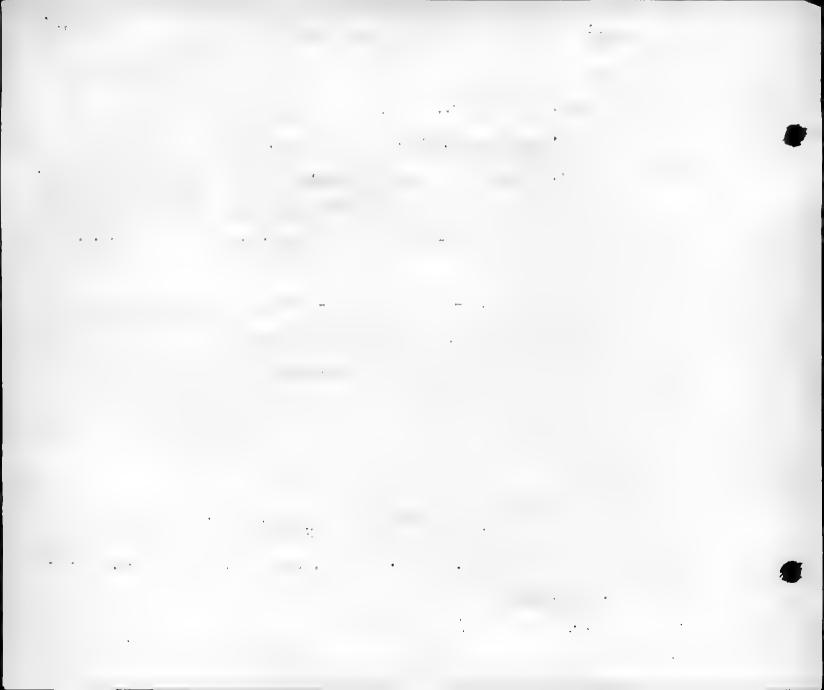
C. SAlisbury

VS A15 (4)

15M 9/58

DATE AUG 2 4 '59

arthur & Kings



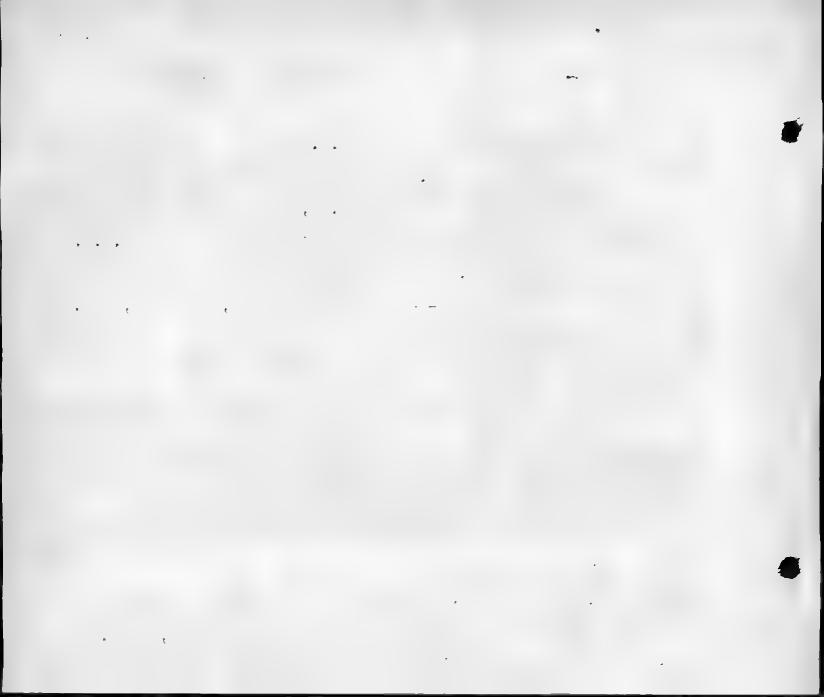
FOR STATE HEALTH DEPT. M TO DEPUTY METAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is a sary, please execute the contract, writing the ward "pending" in pending list liet. 18. Give Pages 1, 2, and 3 to the funeral clark. Page 4 should be follworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a berial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remayal, and in any experimitally boars after death

V\$ A15ME 5M 2/57

9068 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist	119	02	S
Reg. Dist	No.	100	

	PLACE OF DEATH				2 USUAL RESID	ENCE (Where deced	sed lived If institu	ilion: Residence b	elore admission)
Ì	a. COUNTY Do:	rchester		MARYLAND	Villgin	nia	Accom	k	V
4	b. CITY OR TOWN [1]	auts de carparate inité wid	m RORAL C LI	ENGTH OF STAY IN 16	c CITY OR T	OWN (If autside co	rporale l'mits, writa		nearest town)
	DV	eliance		1 day	Her	ntown	C	70	
	d NAME OF HOSPITA	AL OR INSTITUTION (it not in hospital,	give street address)	d. STREET AC	DRESS			ON A FARM?
	Relian	ce-Finchvi	lle Road	40'	P.0.	Bex 44			YES NO
	3 NAME OF DECEASED	Fir	raf .	Middle	Lost	4. DATE OF	Mont	h Doj	Year
	(Type or print)	James		A. Die	kerson	DEATH		AND DESCRIPTION OF THE PARTY OF	19 59
	5. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED			9. AGE n years heet birthday)	Months Days	Hours Min.
	Male	Negro	WIDOWED [3	DIVORCED	Jan. 22		60 yrs.]	
	10a USUAL OCCUPATIO	ON (Give kind of work gitte, even if retired)				CE (State or foreign	country)		DE WHAT COUNTRY?
	Laborer		Mich	work	Virg:			U.S	.A.
	13. FATHER'S NAME	D 1 F	_		14. MOTHER'S N				
	James	Dickers			Mary	Watso			
	15. WAS DECEASED EVE	RIN U.S. ARMED FC (It yes, give war er detex of	FOLATED		NFORMANT	P - N	Address		OP
			227		ohn D:	ickersor	i, Hernt		Va.
		TH Enter only one co						ON	SET AND DEATH
	PART I DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	Coron	ary occlu	sion			_	Instant
	420.1	DUE TO							
	Conditions, if as		.				<u></u>		
	(e), stating the u								
	couse lost.) (c							
Υ.	PART II. OTH	IER SIGNIFICANT CON	IDIHON2 CONTR.	BLTING TO DEATH BUT I	HOT RELATED TO F	HE TERMINAL DISEA	SE CONDITION GIV	PART 1(0)	PERFORMED?
	3	105 13415 Jan	On the Company of the Company	LI ILANIAN OCCUPATA (- *			YES NO I
	PART II. OTH 200. EXTERNAL CAL PRIMARY 11 or CON CAUSE OF DEATH.	ITRIBUTING [OD DESCRIBE NOV	V INJURY OCCURRED (I	ther nature of inju	ry in Forti or Forti	FLOCETERN LIFT		
-	3 20c. TIME OF INJUR	Wonth, Doy, Ye		V OCCURRED 20e. PLA	CE OF INJURY (He	me, form, 20f. (Ci	ty or town)	(County)	(State)
	20c. TIME OF INJUR	19	While at work	1461 4000	ary, struct, attice a	negli, erc.)			
	21. I certify th	at I took charge	e of the rema	ins described abo	ve, held on a	Autopsy .	Inspection 🛣	Inquiry [, and in my
	opinion death	resulted from.	Natural couse	es 🛣. Accident	, Suicide	, Homicid	e 🔲, Undete	rmined mann	er 🔲
			2-	0					DATE SIGNED
į	SIGNATURE	Julia	Mer	ELX _	M.D. CHIEF ME	DICAL EXAMINER	3		DATE MONEO
	EXA	/				T MEDICAL EXAMIN		0/50	
	NAME (Type)	Dr. John				SEDICAL EXAMINER		0/59	v = .
gď	220. BURIAL CREMATIO EEMOVAL (Specify)	-1-1		NAME OF CEMETERY OR		27d LOC	ATION (City, town,	or county)	(State)
	PETIAL	1 8/22/5	9]	Dees Chap			orntown	Va.	
	23. FUNERAL DIRECTOR	s signature	on. Feder	ADDRESS ralsburg, Ma	ryland 2	146. REC'D BY REGII DATE AUG 2 4	51RAR 245, REG	STRAN'S SIGNATION	
	O O O D THE COMM	Town Crew D	>		**	DATE HULL A T		1 July 7 1/1/4	





09031

Reg. Dist. No.

- the												
	o. COUNTY DOT	hester		MARYL	AND	2. USUAL RESED				Hution Resid		
	b. CITY OR TOWN (IF and give neorget town)	eutide terperats limits, write riege	e RURAL	L day	Federalsburg							learest fown)
	d. NAME OF HOSPITA	L OR INSTITUTION (if nat in hos	pilot, give street address)		d. STREET ADI		th M i	n Stroe	t		ON A FARM?
3.	NAME OF DECEASED (Type or print)	Charl	it .es	Middle Henry		Hoff, Jr		4. DATE OF DEATH	Мо Д 11	nih Zilot	Day 2	Year 19 විචි
3.	. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	□ B.	DATE OF BIRTH			9, AGE (in years lost birthday)	Y		IF UNDER 24 HRS
L	Male	White	WIDOWED			anuary 1			44 yr	s. Months	Dey5	Hours Min.
ь.	during most of working OWNER— IEN	life, even if natired)		ind of Business or in stern Auto S					, Maryl			F WHAT COUNTRY
1;	3. FATHER'S NAME			0.5		14. MOTHER'S MA						
L	C	harles Hen	ry Ho	ff, Sr.		Hel	Len (C. McK	aig			
15 (7	S. WAS DECEASED EVE (es. no. or unknown)	R IN U. S. ARMED FO Rf yes, give war or dotes of	(nomes	SOCIAL SECURITY NO 1 10-01-0087		formant larion	G. J	Hoff,	S. F-in		90	י אן, יינור ^ו ג' י' אַ י
	UMMEDIATE CAUSE (e) Coronary Occlusion 420./ DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last. (c) Coronary Occlusion 5 minute: 5 minute: 6 Arteriosclerotic cardioversemler renal disease unknown couse last.										unknown	
CERTIFICATION	PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES 100 60										PERFORMED?
	20c. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)											
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	r 20d, il While of wo	Not while		E OF INJURY (Hor y, street, off car bi			or town)	(Co	unly)	(Stole)
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause											
	ACTUAL SIGNATURE EXAMINER'S	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED 8-4-59										
-		dridge H.			4 00 0		EDICAL	EXAMINER .	_			
1	REMOVAL (Specify) Removal (Specify)	August B		Ceaar Hill			i		tion (City, town Ltimore	, or county)	r 11	(Stote) ryland
23	S SHIMEPAL DIRECTOR	SIGNITURE		ADDRESS		12/	la, REC'I	D BY REGISTI		GISTRAR'S SI		
	J. J. Fram	ptom and Se	on, Fe	deralsburg,	Med	ryland	ATEAU	G 1 0 '5'	9 0	Inthun S.		

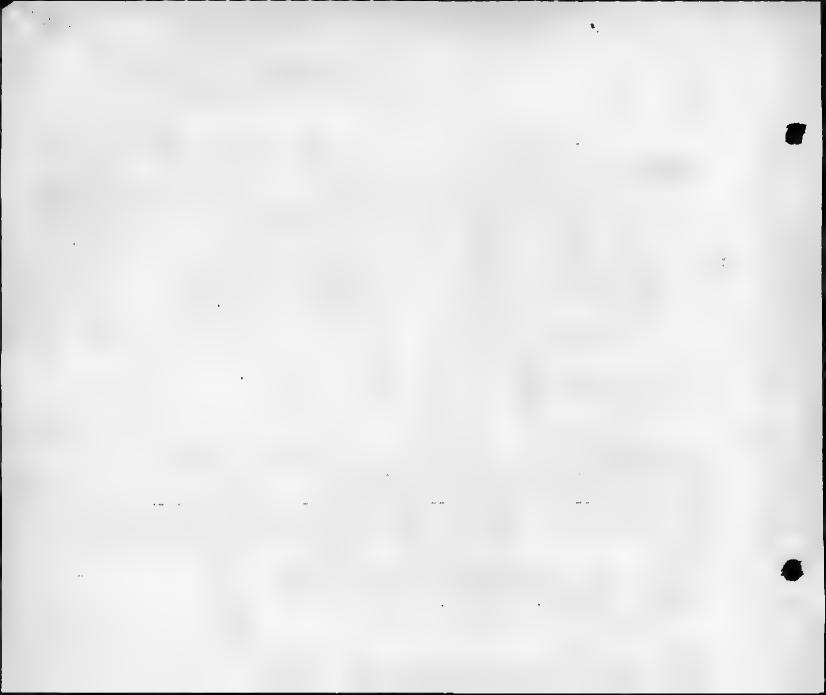
TO DEPUTY ("CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessory, please cute the central, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, capital

1

VS. A15ME(S) 5M 9/55

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2111. 1 1 1 1 1 11 1)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09032

CERTIFICATE	OF	DEATH

_								K	eg, Dist.	No.
	PLACE OF DEATH	rchester		MARYLANI	- 11	usual residence (Who o. STATE Mary L			Residence Orch	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give represt fown) Character of the corporate limits, write RURAL and give represt fown) Character of the corporate limits, write RURAL and RURAL and give represt fown Character of the corporate limits, write RURAL and RURAL and Give street address) C. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL an								At and give	e negrest town)
	OR INSTITUTION	At (If not in hospital, given Cambridge)		1.7		e street Address Petersb	urg			e. IS RESIDENC ON A FARM YES ☐ NO
3	NAME OF DECEASED (Type or print)	Lind	a.	Marlene		Hughes	4. DATE OF DEATH	August	24	Doy Year
S	sex Female	N	7 MARR	RIED NEVER MARRIED D	M	ATE OF BIRTH	net			FEAR IF UNDER 24 H
10c		N (Give kind of work de		KIND OF BUSINESS OR IN	DUSTRY	11 BIRTHPLACE (Slole	or foreign country)		12. CITIZE	N OF WHAT COUNT
	On Ivon	ing life, even if retired) A		_		Dorchester	r Co. He	ryland	U.	.S.A.
13.	FATHER'S NAME				1	. MOTHER'S MAIDEN N			1.	
	Geor	ge R. Hughe	ន			Regina Car	nnon			
		IN U. S. ARMED FORC		SOCIAL SECURITY NO		RMANT		Address		
	No	to Jose, gran was an owner or an	******	None	Geo	rge R. Hugh	es, Hurlo	ock, "lar	rylan	<u>d</u>
CERTIFICATION	Conditions, if or gove rise to it cause (a), stating lying couse last. PAST II OTH	mediale but to (c). ER SIGNIFICANT COND		Immaturity CONTRIBUTING TO DEATH I	BUT NO				IN PART I	(o) 19. WAS AJTOP PERFORMED YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm, 20f (City or tawn) (County) (State factory, street, office bldg., etc.) p. m 19 ot work of work of work									
	21. I certify that I attended the deceased from Aug. 22									
	BUR AL, CREMATIO REMOVAL (Specify) BUT 181	Aug.26, 1	959	22c. NAME OF CEMETERY Petersburg	Cea	netery	22d, LOCATION ((Stote) Land
23.	J.J.Frampto	on and Son,	Fede	eralsburg, Ma	ryla	nd 240. REC'I	P 3 59	24b. REGISTR	AR'S SIGN	1

death Page 4 may be retaine? 5y the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave corban pages. Pages 1 and 2 shauld be med with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL O VS A1S (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF BEATH

			CERTII	FICA	IE OF L	/EAII	1		Reg. [Dist. No.		
1. PLACE OF DEATH						DENCE (WI	here decease	d lived If instituti		ence befa	re odmis	ion)
0. COUNT	Dorcheste	r	MARYI	LAND	o state	aryla	nd	6 COUNTY	Do:	rches	ster	
b. CITY OR TOWN RURAL and give	(If outside corporate lim	ts, write	c. LENGTH OF STAY	N 16	c. CITY OR	OWN (IF	outside corpo	orote limits, write R	URAL onc	J give nec	orest fow	n)
Vienna	a (: : : : : :	2 -	life		X Vin	nna						
d. NAME OF HOS	PITAL (If not in hospital, s	ive street	address)		d. STREET A	DDRESS					e. IS RES	SIDENCE FARM?
Cambrid	ge-Maryland	Hosp:	itel		non	9						Eton [
3. NAME OF DECEASED	Fi	t.r	Middle		Los		4. DATE	Mon	ith	Do	y	Year
(Type or print)	August		Lee		Jacks	on	DEATH	Augu		3		1959
S. SEX	6. COLOR OR RACE	7. MARS	RIED TONEVER MARRIE		DATE OF BIRT	4		9. AGE (In years lost birthday)	Months Months	Days	Hours	ER 24 HRS Min.
male	white	WIDOWI	_		12-15			67 yrs	17.0111115	Days	Hoors	Min.
10o, USUAL OCCUPA' during most of w	FION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUST	RY 11. BIRTHPL	ACE (State	or foreign c	ountry)	12. C	ITIZEN O	F WHAT	COUNTR
carper	nter		self employ	ed		aryla				U.S.	, A .	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
	er Jackson	. ,			<u> </u>	arie .	Austin					
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Add				
unknown			unknown		Mary	Franc	es Jac	kson, Vi	enna	Ma	rylar	ıd
	EATH (Enter only one co									INTI ON:	ERVAL BE	TWEEN
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Core	onary occlu	sion						1	1/2	hour
4.00,	DOL IC							disease.				
Conditions, if gove rise to	immediate [<u>eriosclerot</u>	ic h	voerten	sive	cardic	vascula	r	1	yea:	r +
codse (a), statin	g the under- DUE TO											
Z Part II C			erioscleros				DIAL DICEAS	C. COMPUTER ON			year	
S /XIII. C	THER SIGNIFICANT CON	באטוווע	LONINBUING TO DEA	H BUT N	IOI KELAIED IC	THE TEXAL	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(0) 1	PERFO	AUTOPSY PRMED?
200 ACCIDENT	VAS LINIDERI VINICI 🗖	20% DES	CRIBE HOW INJURY OF	CHIBBED	(Fotor pohus o	f lainen la l	Post I or Por	t II of Steen 19.1			YES [_	ио
PART II. C	YAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER)	200. 023	CRISE HOW INSORT OC	.com.co.	temer nove o	i injury in	TOTT OF TO	i ii di mem ru.)				
ZOC. TIME OF INJUST BY THE P.	URY Month, Doy, Ye				E OF INJURY I			or town)		(County)		(Stole)
☐ Hour e.m	10	While of wor	Not while	rocit	ory, street, office	nag., erc						
21. I certify	that I attended the	deceas	ed from 4-24	-59	. 19	ta 8	-3-59	, 19	that I	lost se	w the	decease
1 1 1	8-3-59	. 19						n the causes o				
	201 1	, ,	١					treet, city or town,		1110 00		ATE SIGNI
ACTUAL	ad 1.2%.	<i>**</i>	247	м	D. 15 L	boust	Stree	t. Cambr	idge	. Md.		4-89
PHYSICIAN'S	/	·	Lv									
NAME (Type)	Tldridee	H. W.	olff M D									
220. BURIAL, CREMAT REMOVAL (Special	ION, 226. DATE THEREO)F	22c. NAME OF CEME	TERY OR	CREMATORY		22d LOCA	TION (City, town, I	or county		(Stot	e)
Eurial	9-3-59		Mardal] p			Ma re	lalla		Har	rvl s	nd
23, FUNERAL DIRECTO	1 1 1		ADDRESS			24a. REC'	D BY REGIST	IRAR 246. REGIS	STRAR'S S			
Will Wille	rechber I	ast 1	New Market.	Mar	yland	DATEGE	p 1 n '5	9 00	(Luz &	Heave	Δ	

moy be retaind the haspital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbage and pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, as removal, and in any event within 72 haurs after death. TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL OF VS A1S (4) 1SM 9/SS

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deoth: Page 4

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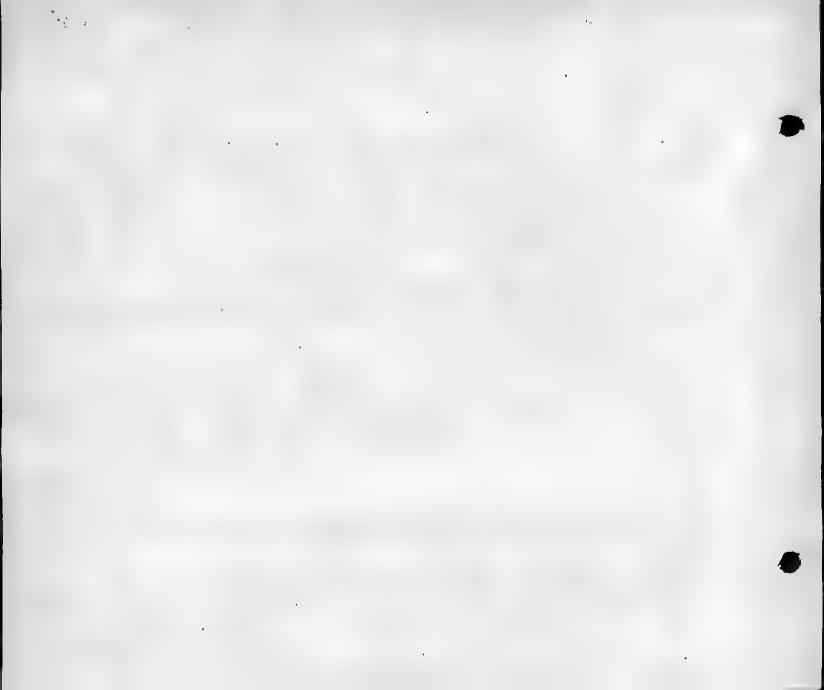
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

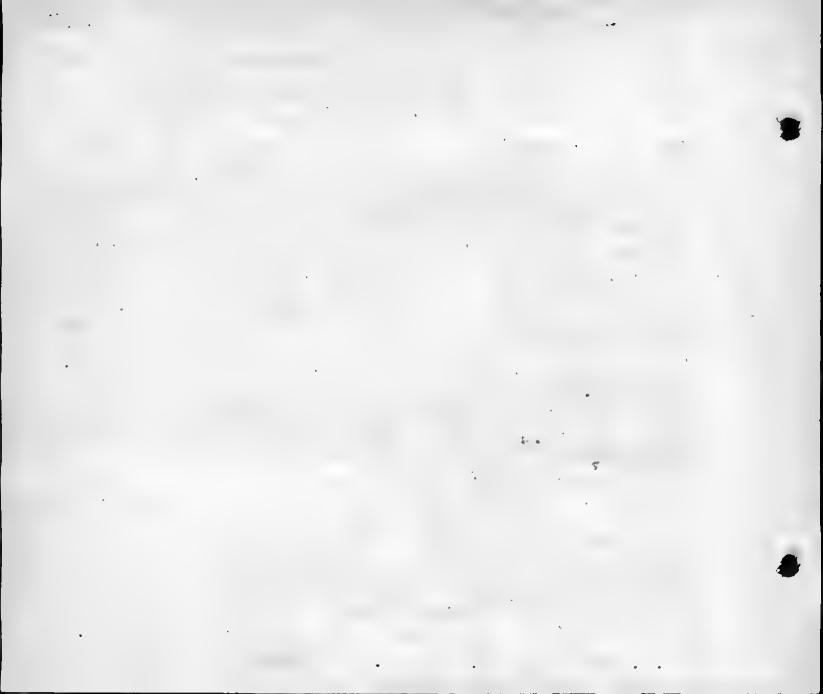
09033

Reg. Dist. No.

1:	PLACE OF DEATH	orchester	MARYLAND		E (Where deceased (b. COUNTY DO	dence before admission rchester	1)		
	one give negrest town (iii	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16 3 hours	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Vienna - Nural						
	ON A FA	. IS RESIDENCE ON A FARM? YES NO D								
	NAME OF DECEASED (Type or print)	Clyde	-	.ckson Sr	4. DATE OF DEATH	Month August	Day Year 27 1959)		
	ale	Megro win		June 15, 1	.892	Months Months	R IYEAR IF UNDER 24 Doys Hours Min			
100	usual occupation	ON (Give kind of work done) a life, even if retired) DOLET	Canning Factory		ter o.,		tizen of what could $U_*S_*A_*$	INTRY?		
	Alox J			14. MOTHER'S MAID Henriet	en name ta Stewart	t				
15. (Yes	WAS DECEASED EVI	ER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)		ra ^j ackson	. Vienna.	Address aryland,	R.F.D./1			
97	Conditions, if or gove rise to immed (o), stoling the viceuse lost.	inderlying DUE TO	CEREBR HYPERTE	NSIVE	HT.	DISEASE	UNDE	£Τ		
CERTIFICATION	20a. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.		IS CONTRIBUTING TO DEATH BUT NO CRISE HOW INJURY OCCURRED. (En				PERFORMED	DPSY D?		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. m. 19 While of work of work of work 10									
	21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .									
	ACTUAL SIGNATURE	DATE SIGNE	:D							
220	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREOF	MARYANOV, A	REMATORY	22d, LOCATION	(City, lawn, or county)	(Stote)	_		
23. J	Burial FUNERAL DIRECTOR: J. Frampto	August 30,1	ADDRESS		Vienn REC'D BY REGISTRAR EP 3'59	a, "aryland 246. REGISTRAR'S S Calling & 1	GNATURE			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist No. EALTH DERT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution: Residence before odmission) · COUNTY 6. COUNTY MARYLAND Dorchester b. CITY OR TOWN (I autode corporate limits, write BURAL c. JENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporale limits, write RURAL and give nearest town) Cambridge 10 Min. Baltimore d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give st eet address) A STREET ADDRESS ON A FARM Cambridge Maryland Hospital 360 Greenmount YES NO W 3. NAME OF DECEASED 4 DATE Year OF DEATH (Type or print) 1959 August 22nd Anne Murray Lynch 9 AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED THE B DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HPS (cal b rthday) Hours AAun WIDOWED 17 DIVORCED | Female. 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Secretary Russ. office Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen A. Brown Daniel A. Lynch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address [If you, give wor or dates of service] Miss Patricia Lynch, Baltimore, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Laceration of Brain I hour **DUE TO** By Fracture of Skull 1 hour Conditions, if any, which ! gave rise to immediate cause **DUE TO** (a), stating the underlying Train striking auto I hour couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUT NO TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLES, WAS AUTOPS. PERFORMED? Fracture of Left radius & h left ribs NO 17 200 EXTERNAL CAUSE WAS PRIMARY AND OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1) of Hem 18) Passenger in auto struck by a train | 20st | NJURY OCCURRED | 20st PLACE OF INJURY (Home, form, | 20f. (City or fown) | White | Not white | Not work | Highway | Linkwood | Linkwood | Month, Dov. Year (County) (State) 2:45PM : MAug. 22 Linkwood, Dorchester, Marvland 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection II. Inquiry VII. DIRECTOR: apinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER should be FUNERAL D ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** BURIAL, CREMATION, 226. DATE THEREOF DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stotal REMOVAL (Specify) 9 Cathedral 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAD 246 REGISTRAR'S SIGNATURE DATE AUG 2 6 '59 Circlian & House H. W. Mears & Son 805 N. Calvert St. SML 2757



FOR STATE HEALTH-DEP

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9059

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEDTLEICATE OF DEATH

09035

	J V 1 0a		E CAMMINER	J CERTII	IGAL		/E/4111	Reg. (Dist. No.	
PLACE OF DEATH	e e management			2. USUAL RES	IDENCE (WI	here deceased	lived If instit		dence befo	sre odmissian)
	restest		MARYLAND	<u>Marketine Marketine Marke</u>	urylan		_	none		W
b. CITY OR TOWN and give rearest to	R TOWN (I outside corporate timits, write RURAL C LENGTH OF STAY IN 16 C CITY OR TOWN (If guitside corporate I mile, write RURAL and recress fown)							nd g ve ne	grest lown)	
Libridge_			10 Minutes	Balti	more_		*	wy		
d NAME OF HOSP	TAL OR INSTITUTION (Final in hosp	oital, give street address)	d STREET A	DDRESS			- 7		e IS RESIDER
ambridge I	laryland Hos	mital		360/L 0	reenm	ount a	ve.			YES NO
NAME OF	Firs		Middle	Lout		4. DATE	Mon	ath .	Day	Yeor
(Type or print)	Daniel Jam	es T	vnch			OF DEATH	Asser	22nd		1950
SEX			D NEVER MARRIED	8. DATE OF BIRTH		9	AUE AGE (In years	6	R TYEAR	IF UNDER 24
Male	White	WIDOWED	# 1	8 June 1			kai birthday)	Months	Days	Hours Min
			IND OF BUSINESS OR INDUS			r foreign cour	130	_ LL	TIZENI OS	WHAT COU
during most of work	ing lite, even it relired)						''73			
Mechanic 3. FATHER'S NAME	<i>.</i>	UOI	um. Air Line	Mary.La		1.14		10,	S.A.	_
A PAIDER 3 NAME				14. MOTHER'S	MAIDEN NA	nait .				
Daniel A.	Lynch			Helen	A. Br	CHILD				
5. WAS DECEASED E	VER IN U.S. ARMED FOI L. If you give wor or dotes of t		SOCIAL SECURITY NO 17.	INFORMANT			Addres	19		
Yes	141-146	U	nlmom M.	iss <u>Pa</u> tri	cia T	wnek.	Balto.	Md.		
18. CAUSE OF DE	ATH [Enter only one cou	se per line f	ar (a), (b), and (c) }			fl svavenic	-		dylERY	'AL RETWEEN
PART I, DE	NTH WAS CAUSED BY:	Tace	ration of Bra	in					The second	OULT
810 X PUE TO										oui
	11.1.5	Fra o	ture of Skull						11 12	
gove rise to immediate couse										our
(o), staling the underlying DUE TO										
couse lost. (c) Train striking auto										our
PART II. O	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS ALTO PERFORMED									
Massive :	Massive fracture of mandible, fracture of left clavicle									
Massive 200. External Corrections of Cause of Death	20a, EXTERNAL CAUSE WAS PRIMARY E or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part II of item 18)									
CAUSE OF DEATH. Driver of auto struck by train										
20c. TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State										
200. TIME OF INJU 2:45PM9. TO	2:45PMp m. Aug. 22 1959 of work of work to Highway Linkwood, Dorchester, Maryla									
21. I certify that I taok charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in r										
				_12		-	_		, 1271.	
ob utan death	resulted from N	taintol c	auses [], Accident	河, Svicide	□, H	omicide [J. Undek	ermined	manner	
ACTUAL 7	- De all		14 1							DATE SIGNE
SIGNATURE	till the	<u>-</u>	1 - 1 67 7 2	im.D.	EDIÇAL EXA					\$/22/5
EXAMINATE TO	10 th 10 mg 17 19			LEXAMINER	3			, , ,		
NAME (Type)	ldridge H. W	OTII,	M. D. C	DEPUTY	MEDICAL EX	CAMINER				
BURIAL CREMATI	ON. 225 DATE THEREO	F	72c. NAME OF CEMETERY O	R CREMATORY		22d. LOCATIO	N (City, town,	or county)	alasta.	(State)
REMOVAL (Specif	8/26/50		Cathedral			Balti	more		Ma	1.
FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		24a REC'D	BY REGISTRAL		ISTRAR'S SI	IGNATURE	* <u>* * * * * * * * * * * * * * * * * * </u>
H W Ma	ars & Son 80	25 N	to twentier		DATE I	AUG 2 6	59	arthur	1 & K	and .
11 m 11 m 11 TO	WED OF DOIL OF	J 37 5	AGTACTA DO		DATE	A10 0				

TO DEPUTY METCAL EXAMINER: This certificate should be executed within 24 hours after leath. If any delay is described execute the case, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral citator. Page 4 should be to warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buricitronsit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buricit, cremation, at removal, and in any event without 2 with the State Board of Health, when VS. A15ME 5M 2/57

-9



CERTIFICATE OF DEATH

Pag Dist Ma

				reg. Di	181. 199.						
	1. PLACE OF DEATH o. COUNTY	MARYLAND	2 USUAL RESIDENCE (Where decear a STATE	sed lived If institution: Resider	nce before admission)						
	DORCHESTER	_	MARYLAND	b. COUNTY SOM	ERSET						
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If autside co	rporate limits, write RURAL and	give nearest town)						
	CAMBRIDGE	SYRS & MIS	CRISFIELI	<u>, , , , , , , , , , , , , , , , , , , </u>	_						
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SHORE STATE	HOSPITAL	A SBURY	SECTION							
	3. NAME OF First	Middle	Losi A. DAT	E Manth	Day Year						
	DECEASED (Type or print) ROYIE	FRANCES	NELSON DEA		9 1959						
	S SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	9 DATE OF BIRTH	9 AGE (In years IF UNDE) lost birthday) Months	TYEAR IF UNDER 24 HRS						
	FEMALE WHITE WIDOW	/ED 🔼 DIVORCED 🗍	SEPT. 3 1276	\$2 yrs. Months	Doys Hours Min.						
	10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State or foreign	country) 12.CIT	IZEN OF WHAT COUNTRY?						
	HOUSEWIFE	HOME	MARVLAND	1 7	LSA.						
)	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
	GEORGE STERLING		MARY ELIZAL	SETH MADOR	21~						
		SOCIAL SECURITY NO	HORMANT -	Address	\/ \/ ·						
	(Yes, no, or unknown) (If yes give war or dates of service)		OSPITAL RECOR								
	No course of promiting		DOTTIAL RECOR	102	Livernia acritica.						
	18. CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY:	_	^ -		ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) COBONARY OCCLUSION 2 HBS										
	DUE TO										
	Conditions, if any, which) (b)										
	gave rise to immediate DUE TO										
	lying couse last. (c)										
_	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PAI	RT 1(a) 19 WAS AUTOPSY PERFORMED?						
9	PART II. OTHER SIGNIFICANT CONDITIONS	DRAME SENI	LE BRAIN DISEA	SE	YES NO						
	THRONIC BRAIN SYNDROME SENILE BRAIN DISEASE YES NO RE 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I of Item 18)										
	OR CONTRIBUTING CAUSE OF DEATH										
		for	CE OF INJURY (Hame, farm, 20f. (illary, street, affice bldg, etc.)	Lity or town) (County) (State)						
	Hour o.m. While p.m. 19 of wor	I TOT WILLIE	ary, arrive breg , ered								
	21. 1 certify that I attended the decease	sed from APR 25	, 1957, 10 4LC	Q 105@shart L	at courths deconord						
	alive on Aug 8 19		occurred at 250 AM, fra	, 172-7, mar / 18	asi saw ine deceased						
	dive dit.	7, and that death		m the causes and an th (Street, city or town, state)	e date stated abave DATE SIGNED						
	ACTUAL QL O				1100 1000						
	SIGNATURE TO COMMENT	my our	W DEASTERN SHORE ST	WIE LIGSKIIWE V	1999,1939.						
/	PHYSICIAN'S HARRY J. CRAW	FORD MD									
	220, BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O	CREMATORY 22d. LQ	CAJION (City, town, or county)	(State)						
	BREMOVA. (5000) 8-11-59		66.	toberell	2218						
	23. FUNERAL ERRECTOR'S SIGNATURE	ADDRESS	A REC'D BY REC	SISTIAR 246 REGISTRAR'S SI	GNATURE						
	La Clebeles	rikte	COL DATE AUG 1 2		. Thous						
			VALL HOU I	9.5							

TO HOSPITAL CALIFERDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. I death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.

Then proper 3 should be detached for use as the bur altransit permit. Then place remove capan papers. Pages 1 and 2 should be filled with Ofter death the registrar prior ta bur al, cremation, or remayal, and in any event within 72 hours





1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7 (3-	9070 CERTIFICATE OF DEATH ()9038
Page la	1 PLACE OF DEATH a. COUNTY DORCHESTER MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a STATE MARYLAND 5 COUNTY TALBOT 7
death meral d be fi	b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 C CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
the funda should	d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS le IS RESIDENCE
in by	EASTERN SHORE STATE HOSP. 317 N. AURORA ST. YES NO THE
filled ges 1	(Type or print) CHARLES F., OZMAN OF DEATH AUC., 24 1959
d with oletely rs. Po	5. SEX 6. COLOR OR RACE 7. MARRIED WINEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED DIVORCED JEPT. 17, 1881 9. AGE (In years lif under ? YEAR IF UNDER ? YEAR IF UNDER ? YEAR IF UNDER ? Haus birthday) Months Days Hours Min.
d comp	10a. USJAL OCCUPATION (Give kind of wark done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
pur undir	13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAME 1/2
ficate sysicion ove co	BASCUM OZMAN NANCY ? Sherwood
phys Phou Phou	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no or unknown) (If yes, give wor or dotes of service)
th ce ding n 72	NO UNKNOWN EASTERN SHURE STATE IKSP. RECEROS
es that the dec of by the atten mit. Then pre any event with	18 CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) GENERALIZED ARTERIOSCLEROSIS. DUE TO Conditions, if any, which (b) gave rise to immediate
require	cause last. DUE TO Lying cause last.
physicic physicic has been rial-trans naval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1 0) 19. WAS AUTOPSY PERFORMED? YES \[\] NO \[\]
tending ficate ficate the bu	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part L or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC od ar at this cert in use as remation	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a m. While Not while at wark at
ing aspliter of for	21. I certify that I attended the deceased from AUG 24 1954, to AUG 24 1954, that I last saw the deceased
FND the the the the the track tack buring	alive an, 19, and that death accurred at 7.2 P.M. from the causes and an the date stated above.
RECTO be de riar ta	ACTUAL SIGNATURE GLORGE HANGE M.D. RFD 2 CAMBRIDGE, MP. AUG 2419
retoin RAL Di should stror p	PHYSICIAN'S GEORGE H. LONGLEY
HOSPI may be FUNER sage 3 s	220. BURIAL, CREMATION, 226 DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Sprie)
2 2 4 VS A15 (4)	23 FULLERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
15M 9/58	M.C. TREBUIL PAGE CALLY WIDATEAUG 27 '59 author & House



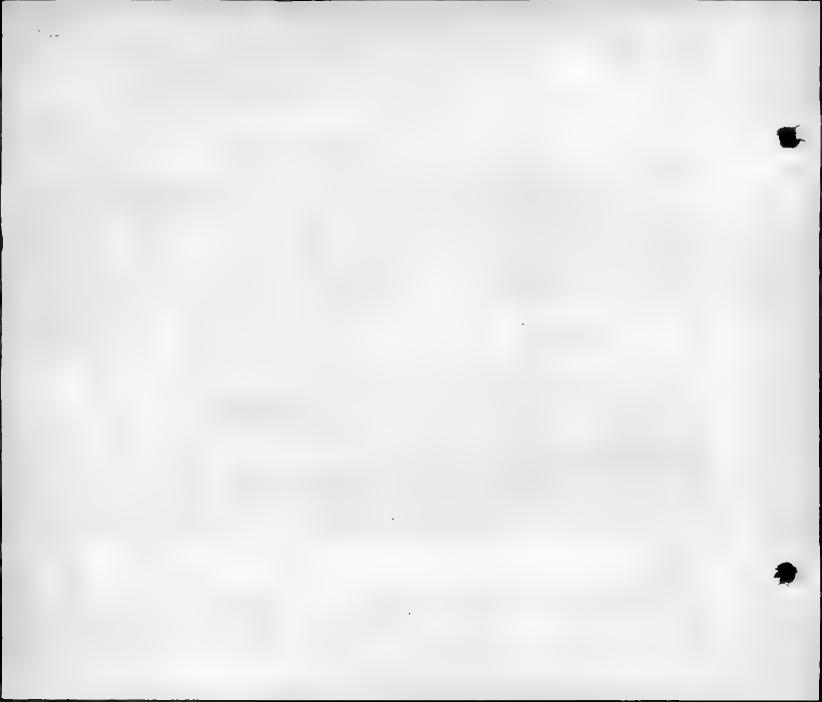
0, (COUNTY techester MARYLAND	2 USUAL RESIDENCE (Whate doceased lived. If institution, Residence o. STATE b. COUNTY	e before admission)
b. 1	CITY OR TOWN If outside corporate lynits, write c. LENGTH OF STAY IN 16 200 A CONTROL OF STAY IN 16	c. CITY OR TOWN A outside corporate limits, write RURAL and gi	ve nearest town)
d.	NAME OF HOSPITAL (If not impospital, give street oddress) OF DISTITUTION THE STATE AND THE STATE OF THE STATE	d STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES 1NO
DE:	ME OF CEASED COICE SINE PAULINE	13/mey 4. DATE Month / 3	Day Year 1957
5. 95%	ingli lilite WIDOWED DIVORCED	112-01130911 13 yrs.	Days Hours Min.
5	SUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDU office most of working life, even if refused)	Haristand a	THE OF WEIGHT COUNTRY?
2	Lenry Bucke	Le Les Cherry of	
15. W. (Yes re	AS DECEASED EVER ON U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. 1	wing C. Palmer Hera	bol ms
16	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardoac Cardoac	Failure	INTERVAL BETWEEN ONSET AND DEATH
	10ve rise to immediate f	obje Ideart Dispase	20 yrs_
	ouse (a), stating the under DUE TO ying couse los! (c) Genera/120		20 1 + 5 _
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Fracture Left	Hip.	1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2.
	R CONTRIBUTING CAUSE OF DEATH Pt Foll	D. (Enter nature of injury in Part I or Part II of item 18.) at home	
MEDICAL	c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 29e. PL Hour a. m 19 While Not while for at work at work	ACE OF INJURY (Home, form, 20f (City or lown) (Coclory, street, office bidg., alc.)	ounly) (Stale)
	I. I certify that I attended the deceased from $12 - 2$ live on $S = 11$, and that death	o, 1958, to 8-15, 1957, that I lo occurred at 4,30 AM, from the causes and on the	ost saw the deceased e date stated above.
	CTUAL MILLAR ES	ADDRESS (Street, city or town, stota) M.D. 126 Blooming Sale Avi	DATE SIGNED \$ - 2 4 -57
	AME (Type) H.R. Trappell	Federalshura Mo	1
74	URIAL, CREMATION, 22b. DATE THEREOF 22c (NAME OF CEMETERY O	PRESENTATORY 120 COCATION (City, John, or county)	ket Stotel A.
200	HERALDIRECTOR'S STONTIURE ADDRESS FROM	Market DATE SEP 1 '59 Carily 2	

may be retorm by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should by filled with page 3 shauld be detached for use as the burial-transit and in any event within 72 hadrs after death. er death. Page 4 ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 has TO HOSPITAL

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VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0072

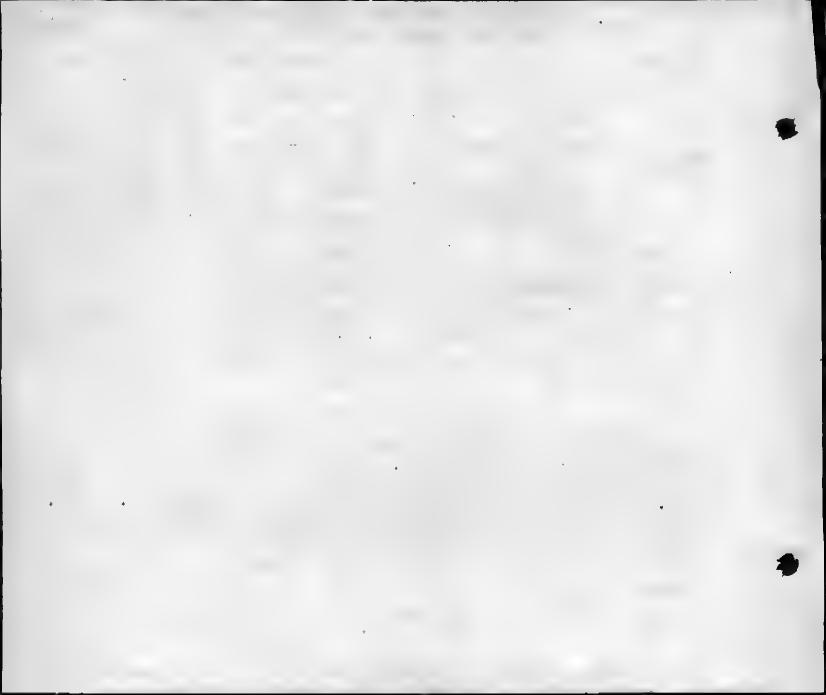
09040

<u>'</u>	MI MI	EDICA	LEXAMINI	EK'S	CERTIFICA	IE OF	DEATH	Reg. D	ist. No		0 4 1
1. PLACE OF DEATH	1				2. USUAL RESIDENCE	Where decea	sed lived. If Institu	tion: Resid	ence bel	fore edmi:	ssion)
o, COUNTY	Dorchester		MARY	LAND	o. STATE Mary	land	b. COUNT	Y Kent	L J		
b. CITY OR TOW	N (If autoide corporate limits, we town)	II RURAL	c. LENGTH OF STAY I	N lb	c. CITY OR TOWN (I	IF outside car	porote limits, write	RURAL on	d give n	earest for	vn)
	Cambridge		2vr. 3mo. 8	Bday	5 Ches	tertow	רוה	100	77		
d. NAME OF HO	SPITAL OR INSTITUTION	(If not In hos	pital, give street address)	d. STREET ADDRESS					e, IS RE	SIDENCE A FARM?
	rn Shore Sta	te Hos	spital								Мо [€]
3. NAME OF DECEASED	Fi	mt	Middle		Levi	4. DATE	Menti	1	Day	Y	ear
(Type or print)	Jose		М.		Robinson	DEATH	Aug	rust	21	19	959
5. SEX	6. COLOR OR RACE	7. MARRIE	D 🔀 NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years feet birthday)	IF UNDER			R 24 HRS
Male	White	WIDOWE	The second secon		1877 (?)		82 ? yn.	Months	Days	Hours	Min.
10a. USUAL OCCUP during most of we	ATION (Give kind of work rking life, even if retired)	done 10b. K	IND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPLACE (State	or foreign	çountry)	12. CIT	IZEN O	F WHAT	COUNTRY
Not re	ported				Unknown					U.S.	A .
13. FATHER'S NAMI					14. MOTHER'S MAIDEN	NAME					
Unknow					Unknown						
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FO	service)	SOCIAL SECURITY NO.		FORMANT		Address				
Unknowa		-	<u> 18-05-li7lili</u>	R	ECORDS: Ea:	stern	Shore Sta	ite Ho			
	DEATH [Enter only one co DEATH WAS CAUSED BY:								ONS	TAND DEA	E114
PARCE N	IMMEDIATE CAUSE (c	, Ce	rebral vasc	ular	accident]	L day	*
, ,	DUE TO										
	any, which (b	1					·				
(a), stating th											
couse last.) («)						<u> </u>			
FART II.	other significant con nme neck let			EBUT NO	OT RELATED TO THE TERM	UNAL DISEAS	SE CONDITION GIV	'EN IN PAR	- 1	PERFO	RMEQ2
Z rraci						-			,	YES 🗌	но4∏
	CAUSE WAS CONTRIBUTING THE	Fell:	from walker	RED (En '•	ter noture of injury in Po	rt I or Port II	of item 18.)				
20c. TIME OF IN				o. PLAC	E OF INJURY (Home, for	m, 20f. (Cit	y or town)	{Co	unty)		(Stole)
12 100	#: 7/16/59 in	While of wo	Not while	Ho	y, street, office bldg., etc Spital	Car	rbridge	Dor	•	M	ld.
	that I taak charg	e of the r	emains described	abay	e, held an Autop:	sy 🗍 , I	nspection 📆,	Inqui	y 🗔	and f	ind tha
	red from: Natural					_			<u>. </u>		
			0								
ACTUAL SIGNATURE_	Inter	12	20cel	L	M.D. CHIEF MEDICAL E	XAMINER [)			DATE SI	GNED
EXAMINER'S	7			P	ASSISTANT MEDIC	AL EXAMINE	ER 🔲		8,	/24/5	9
NAME (Type)	John mac	e, Ji	7.		DEPUTY MEDICAL	EXAMINER	4				
220. BURIAL CREMA REMOVAL (Spe-	710N, 226. DATE THERE (317) 8/2/7/59		22c. NAME OF CEMETER Chester			Ches	stertown	or county)	•	(State)
23. FUNERAL DIRECT		$\Delta\Delta$	ADDRESS		24o. REC	D BY REGIST		_		RE	
1 7.(1)	i VVio W	olls	_Chestert	LOWI	1, d. DATEU	G 2 6 '59) Cur	P .	٠.		

DAMUG 2 6 '59

Circling & Floors

VS. A15ME(S) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09042

	9075	CERTIFIC	ATE OF DEATH	l	leg. Dist. No.
1,					Residence before admission)
	Dorchester Dorchester	MARYLAND	Mark Control	b. COUNTY	Anns
Г	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16			
ri	ral Cambridge	29 Mos	SudlLer	ville	171 -
H.a	OR INSTITUTION		d. STREET ADDRESS		o is residence on a farm? Yes \(\) no \(\)
_			lost	4. DATE Month	Day Year
	DECEASED	T	ehoL	OF DEATH	3 1959
5.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HE
	white widowi	DIVORCED 🗌	M=43018	73 86 yrs	Aanths Days Hours Min
100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	1 1		12. CITIZEN OF WHAT COUNTR
L	touse wile				USIT
13.	FATHER'S NAME Record		14 MOTHER'S MATDEN N	No Roca	rd
	n, no, or anknown) (If yes, give war or dates of service)	/// /- Re			
F		ne for (o), (b), and (c),)		1 1	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	- 1-01-0	Laloc	veTiTic	ONSET AND DEATH
	P	ronici	- NO L	. 531///3	(-1 ~ / \
	gave rise to immediate				
	couse (o), storing the onder-				
7	, (-)	CONTRIBUTION TO DESTRUCT	FAIGT BELLTED TO THE TERM	AND DISCOSE CONDITIONS OF STREET	A DURANT II AG MAG ALTTORS
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	NOT RECATED TO THE TERMI	nat disease condition given	PERFORMED?
CERTIF	200. ACCIDENT WAS UNDERLYING [20b. DESC OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Port I or Port II of item 18.)	
3		NJURY OCCURRED 20e. PI			(County) (Stot
MEDI	Hour o. m p. m. 19 While of work	LAIDL AMILIG	ctary, street, affice bldg., etc.)	
	21. I certify that I attended the deceas	ed from 1: 2	7 , 1957, to A	~ m 3/ 1959,1h	at I last saw the decease
	alive on 124 30 , 195		accurred at 4.45A	M, from the couses and	on the date stated above
		\ 1			DATE SIGNI
	SIGNATURE) redge	M.D. E.S.S.H.	Cambridge, Md.	Und 31 2
	PHYSICIAN'S Thomas J. Dredge			~~~~	
1. PLACE OF DEATH 1. COUNTY 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decorated lived). If institutions Readmost before administor of the county of the	county) (Stote)				
PACE OF DEATH DOP Chester MARYLAND DOP Chester Does the maryland Dop Chester Dop Chester Does the maryland Does the maryland Dop Chester Does the maryland Dop Chester Does the maryland Does the maryland Dop Chester Does the maryland Does the maryland Dop Chester Does the maryland Dop Chester Does the maryland Does th	la, md.				
23,	JUNERAL DIRECTOR'S SIGNATURE	ADDRESS			
1	S CONDUNA ON	1710M DV 102	O // LOQ DATE OF		

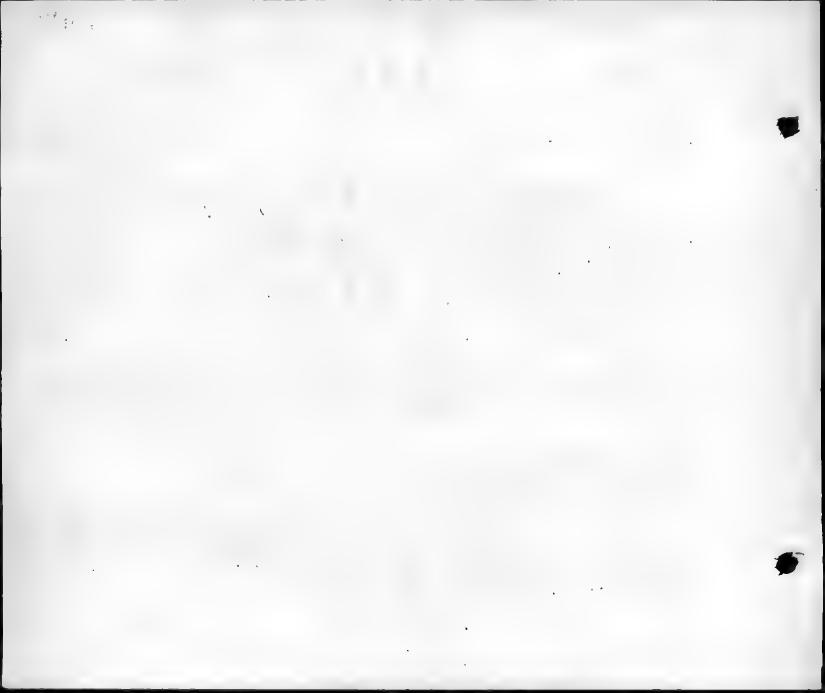
may be retained, the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages 1 and 2 should be filed-with. TENDING PHYSICIAN: The lon maying that the death certificate by executed within 24 hours. the registror prior to buria; cremation, or removal, and in any event within 72 M TO HOSPITAL O

nur after death.

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VS A15 (4) 15M 9/5B



cremation, ry, please exerge 4 should be

TO DEPUTY MENCAL EXAMINER: This coule the cert is writing the word "provorded to the Chief Medical Examina TO FUNERAL DIRECTOR: Page 3 should be or removal.

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s certificate should be executed within 24 hours after death. If any delay is	"pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dire.	niner's Office along with farm PM3 Page 5 may be retained for your files.	The men or a preceletancial party file pane I and a with the registery to bellie
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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9074 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH o. COUNTY	Dorchester		MARY	LAND	2. USUAL RESIDENCE (VI	Vhere deced	ped lived. If list b. COU!		ence bel	ore admi:	ision)
	b. CITY OR TOWN I	f outside corperate limits, write Havelock	RUKAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (II	autside co	rporate limits, wri	ite RURAL and	đ give n	earest to	rn)
-	d. NAME OF HOSPIT	AL OR INSTITUTION (f not in h	ospital, give street addres	1)	, d. STREET ADDRESS						SIDENCE
						Unknown						A FARM?
	NAME OF DECEASED (Type or print)	Fin		Middle KNOWN		Last	4. DATE OF DEATH	Mo Found	nth August	Doy 22	Y.	9 59
5.	SEX	6. COLOR OR RACE		RIED NEVER MARRIED	8.1	DATE OF BIRTH	1	9. AGE (In years	1F UNDER			R 24 HRS
	Male	Colored	WIDOW	_	_	Appro	ox.	45 yr	Manths .	Days	Hours	Min.
100	USUAL OCCUPATION of working most of working	ON (Give kind of work ong life, even if retired)	lone 10b.	KIND OF BUSINESS OR	NDUSTR	11. BIRTHPLACE (State	or foreign	country)	12. CIT	ZEN O	FWHAT	COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	*AME					
15.	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 18	S. SOCIAL SECURITY NO.	17. INI	ORMANT		Addre	MA			
(Ye	s. no. er unknown)	(If yes, give war or dates of	service)									
2	Canditions, if a gave rise to Imme (o), storing the couse last.	diate cause underlying DUE TO		accrated dec					IVEN IN PAR	T 1(a) 11	P WAS A	UTOPSY
CERTIFICATION	DO. EVERNAL PA	Jos Maria								,	PERFOI	NO 🗌
MEDICAL CERTIF	200. EXTERNAL CAPRIMARY DATOR CO CAUSE OF DEATH. 20c. TIME OF INJU Hour DATA 11200 p.m.	RY Month, Day, Yea	F. 20d.	BE HOW INJURY OCCUR OUND DE HOW INJURY OCCURRED INJURY OCCURRED 20 Italian Not white in the control of work in the control of work in the control of the	PLACE		20f. (Cit	y or town)		unty)	ster	(Stote)
		hat I took charge	of the	remoins described	abov			nspection [1. Inquir	-		ind that
		from: Natural		. Accident .	Suici			ndetermined		السبيا		
	ACTUAL SIGNATURE	Charle	10	Eller		M.D. CHIEF MEDICAL EX	AMINER [3			DATE S	
	NAME (Type)	Charl	es S	Petty M.I	٦.	ASSISTANT MEDICAL I					3/23/	59
220		N. 1226. DATE THEREC		22cr MANE DE CEMETE		J. Selwol	72d. LOCA	ATION (City, town	or county)		(State	}
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240. REC'I	2 5 '5		SISTRAR'S SIC			



uneral director,	be filled with	人		トレン)
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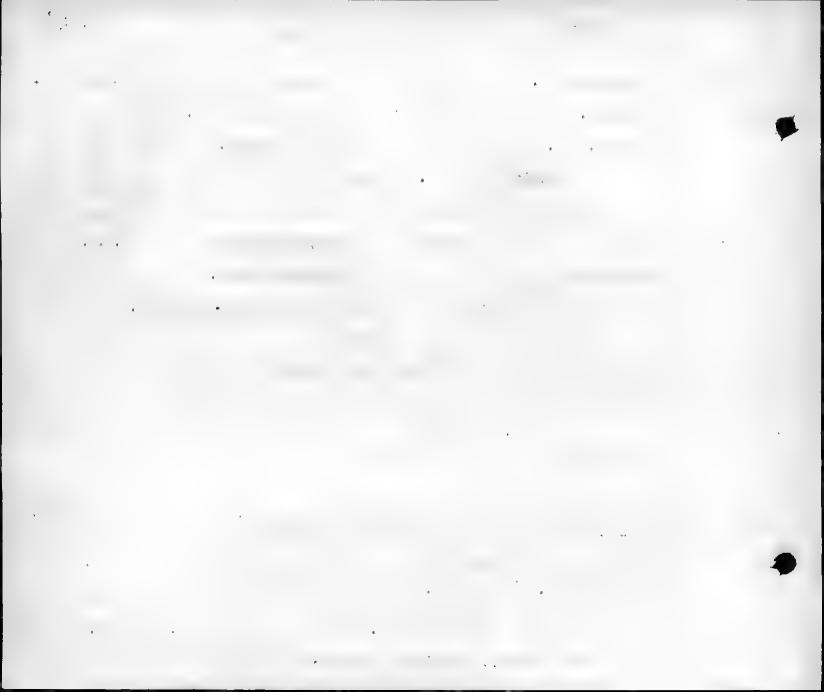
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TO HOSPITAL OF UTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauther egistrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58

	•	004		CEKI	IFICA	IE OF L	EAIL			Reg. D	ist. No	h _e	
1.	PLACE OF DEATH o. COUNTY			MAR	YLAND	o. STATE			ived. If instituti b. COUNTY	_			_
<u>-</u>		ester Co.					ryland					ster	
	b, CITY OR TOWN (if RURAL and give ne	Foutside corporate lim orest town)	its, write	c LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If o	itside corpora	te limits, write R	URAL ond	give ne	arest town	n)
Lo	ambridge.	Md.		59 Year	cs	13 Cambi	ridge.	Marvl	and.				
	d. NAME OF HOSPIT	AL (If not in hospital, (give street	oddress)		d. STREET A	DDRESS					IS RES ON A	IDENCE FARM?
2	13 Marylar	nd. Avre.				213 M	arvlar	d Ave.					NO 📆
	NAME OF		rst	Middle		Los			Mor	oth	De	dv	Yeor
	DECEASED (Type or print)	Bessi		M.	We.	70		4. DATE OF DEATH	8				19 59
<u> </u>	SEX			RIED NEVER MARRI	Va.	DATE OF BIRT	н		AGE (In years	IF UNDE		R IF UNDE	
"			1	p-m		- /-	0 /- 00-		jast birthday)	Months	Doys	Hours	Min
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L	Housewife	3		Housewife		Mate	tland	De Lama	re:	Į	J.S.	A	
13.	FATHER'S NAME			-		14 MOTHER'S	MAIDEN N	AME					
	James I	Rose				Eliza	abeth	Tucker					
	WAS DECEASED EYE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO). IN	FORMANT	2 - 7 - 7		Add	lress			
1	s, no, or unknown)	If yes, give war ar dates of : NO	· ' .	NTO	To	Compte	Farmer	and Ham	Done	mde.			
-		TH [Enter only one co		NO		Compre	<u>cmer</u>	AT HOU	H, REGO	rus.	LINT	ERVAL BE	TWEEN
				ne rai (a), (b), and (c)		77.4						SET AND	
	I Control	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (c)(UR	DITA							
	420.1	DUE TO)										
	Conditions, if a)	CORONAL	RY HE	ART DIS	EASE						
	gove rise to it couse (a), staling)										
	lying cause lost.) (0	:)										
Š	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT I	OT RELATED TO	THETERMIN	NAL DISEASE	CONDITION GIV	VEN IN PA	RT 1(o)	19 WAS	AUTOPSY RMED?
CERTIFICATION		CHRONIC	CHO	LECYSTITIS									NO I
H	20g ACCIDENT WA	S UNDERLYING []		CRIBE HOW INJURY C	CCURRED	. (Enter noture o	f micry in P	art I or Port I	of item 18)				
18	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)					, ,						
	20c. TIME OF INJUR			NULEY OCCUPAND	20. DI A.	CE OF INJURY (Hama form	20f. (City o	- 4		16		15 A A \
MEDICAL	Hour a. m.		While	NJURY OCCURRED Not while		ory, street, office			r rown;		(County)		(Stote)
¥	p. m.	19	of war	k 🔲 of wark 🔲				}					
	21. I certify th	of I offended the	deceos	ed fromDE	CELBI	R 1951	, to8	3-20-59	19	thot I I	ast so	w the d	leceased
	olive on S	-50/	79/19			accurred of							
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	ACTUAL SIGNATURE	1 KuAN	-	Un Chi	min-	200 35	amir] a s	Arron	110	•		8-21-	-50
	SIGNATURE	00-11-12	-	000	N	LD. 200 11	ary mu	TO AVEC	we			O-FULL	729
	PHYSICIAN'S NAME (Type)	ALBERT E. 1	BUNKE	R, II. D.		CAL.B	RIDGE	MARKI	AND				
220	BURIAL CREMATIO	N. 226 DATE THERE	OF .	22c NAME OF CEN	ETERY OR	CREMATORY		22d. LOCATIO	ON (City, town,	or county)		(Stat	te)
	Burial	8/23/59	9	Wicomico	Mem.	Cemeta	ry	Sali	sbury.	Mary.	land		
23	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS				BY REGISTS		ISTRAR'S S	IGNATA	RE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

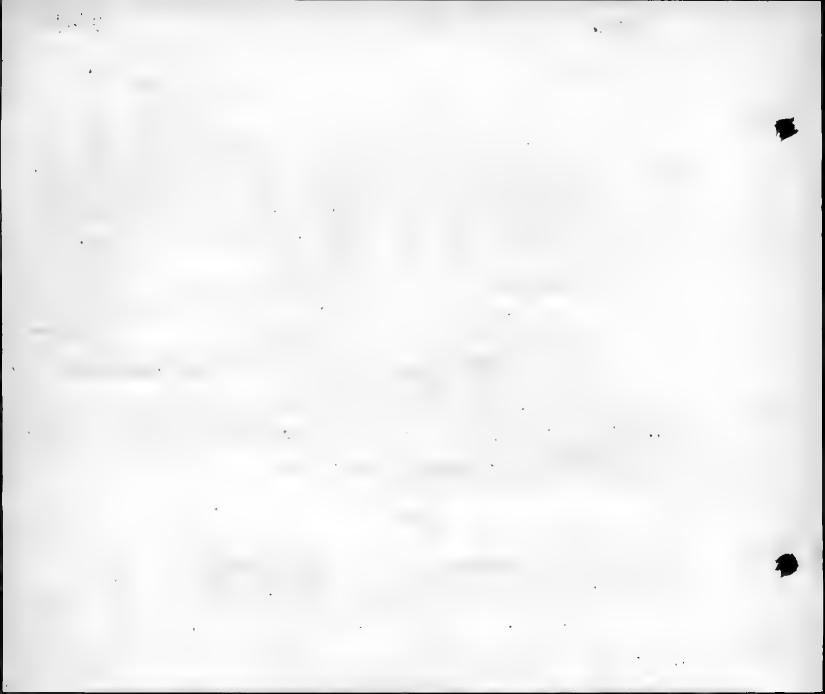
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o. COUNTY	orchester			MARYLAND	2 L	SUAL RESIDE STATE	nce (wh Mary			If institution	Dorc			on)
RURAL and give in	If autside carporate limi corest town) ck - Rural	ts, write		OF STAY IN 16 Tears	750	. CITY OR TO		utside corpo			URAL and g	give near	est town)	
d NAME OF HOSPIT OR INSTITUTION	Near Chopt		oddress)		1	d. STREET ADI	ness Near	Chop.	tenk			•	IS RESI ON A YES	FARM
NAME OF DECEASED (Type or print)	Fir Marj			Middle Ry no		Wands		4. DATE OF DEATH		Mon Augu		Day 19		eor 9 E
SEX	6. COLOR OR RACE	7 MARI	RIED NEVEL	R MARRIED	B. DA	TE OF BIRTH			9 AGE	(In years writhday)	IF UNDER			
Female	White	WIDOW	ED 🔀 🚨	DIVORCED 🔲	Do	cember	29,	1877	81°	yrs.	Months	Days	Hours	Mi
Ga. JSUAL OCCUPATION during most of work HOUSEWO	lung life, even if retired	dane 10b.	KIND OF BUS		USTRY	II BIRTHPLAC		3.7	-	sey		S.A		TAUC
3. FATHER'S NAME				4	14	MOTHER'S M	AIDEN N	IAME		-				
J _{emes}	Ryno					Finns	Gibb	5						
WAS DECEASED EVE	R IN U.S. ARMED FOR (If yes, give wor or dates of a	CES? 16	SOCIAL SECU		idne	MANT Y G. W	ands	Hur	Lock.	Addr 11ax				
Patient	HER SIGNIFICANT CON	DITIONS I	CONTRIBUTION IN COURSE HOW IN	TO DEATH BUT TO DE	JT NOT	Lo Ale	rele	NA DISEAS CON	CON	4011	EN IN PAR	11	PERFOR	
20c. TIME OF INJUR		While			PLACE Control	F INJURY (Ho street, office b	ome, formoldg, etc.	, 20f. (Cit	y or lawn)	{(County)		(SI
21. I certify the alive an	at 1 attended the	deceas	sed from	d that deal	/2 th acc		10 A				that I la d an the state)		stated	
PHYSICIAN'S NAME (Type) 20 BURIAL CREMAT C REMOVAL (Specify) BITTAL	N. LLE ON 226 DATE THEREO Aug. 22,) 1959	9 Z2c. NAME Wash	of cemetery ington	or cre Ceme	MATORY tery	de	22d. LOCA	TION VE		or county) yland	na	(State	•)
	s signature om and Son,	Fede	ADORES	rg, lar	yla	nd 2	Ada. REC'I	D BY REGIŞ	TRAR 59		STRAR'S SIG			

TO EOSPITAL INTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs and death. Page 4 may be retain the haspital or attending physician.

I.O FUNERAL MINECTOR: After this certificate has been signed by the attending physician and sympletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon/papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, an remaval, and in any event within 72 haurs after death.

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VS ⊞1S (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09045 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9078 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) H a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autoide corporate limits, write BURAL and direction) from c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give Affect address) d. STREET ADDRESS a. IS PESIDENCE ON A FARM? YES FT NO 3. NAME OF Middle DATE First Year Month Day DECEASED (Type or print) DEATH 19. 3-3EX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED AGE fin years B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Min Davi Hours WIDOWED [7] DIVORCED [100 USUAL OCCUPATION (Give Kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 BIRTHPLACE (State or fareign country) 12. GITHER OF WHAT COUNTRY? chiolasa 13. FATHER'S NAME 14. MOJHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which] gove rise to immediate couse **DUE TO** (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(D) 19, WAS AUTOPS PERFORMED? 0.7 NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) B € factory, street, office bldg., etc.) Hour While Nat while o. m. p.m. of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy []. Inspection Inquiry and find that death resulted fram: Natural causes Svicide | | Undetermined cause Hamicide . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER [7] SIGNATURE forwarded 5 FUNERAL EXAMINED'S NAME (Type) DEPUTY MEDICAL EXAMINER 220 BORIAL CREMATION 225 DATE THEREOF 204. NAME OF-CEMETERY OR CREMATOR) 22d LOCATION (City) town, of county) 9 FHINERAL DIRECTOR'S STONATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55



- I		3000			Keg.	DIST. NO.	
		PLACE OF DEATH GORCHES LEZ, MARYLAND	2, USUAL RESIDENCE (WHO STATE	ere deceased lived. Lyland	COUNTY Resid	ECHED	mission) Ter.
1		b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest togn) RURAL and give necrest togn) From 12/12/59	c. CITY OR TOWN (IF .	utside comporate lin (10 LEN		d give nearest t	lown)
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION E COTERN SHOTE State Hospital.	d. STREET ADDRESS			[0]	RESIDENCE N A FARM?
		NAME OF DECEASED (Type or print) COVOL VIZGINI	a Willen		Month.	2121	Year 19 5 9
		F. WIDOWED DIVORCED	7/4/2000		hithdoy) Month	Doys Hou	
	1	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, with if relired) 17 9 USE FT Company Com	Mazy.	or foreign country) CCNOL	L 04 12.6	UL, S.	AT COUNTRY
4	<i>p</i> .	FATHER'S NAME LECTOS SERVICIONAL TINOMES Goslin	14. MOTHER'S MAIDEN N	7 .	S ophia Ha	rper	
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 16 year unknown) (If year, give were or dates of service) None	astern Strar	e State	Hospita	e Rei	eard(s
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	cardial	2 Fai	luire	ONSET A	BETWEEN ND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the under lying cause last. DUE TO Quantity (c) Quantity (c)		rioscl- thert	erosis.	. Dei	ver yr
,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE FERMI	NAL DISEASE CON	DIT ON GIVEN IN P	ART 1(o) 19. W. PE YES	AS AUTOPS) REORMED?
	. CERTIF	206. ACCIDENT WAS UNDERLYING [] CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in I	Port I or Port 11 of a	tem 18)		
	MEDICA		ACE OF INJURY (Home, form ctory, street, office bldg., etc.		n)	(County)	(Stote
		21. I certify that I attended the deceased from 12/12/ alive an Dugust 24, 19591, and that death	, 19 <i>52</i> , ta ,Q n occurred at <i>19:45</i>	M, fram the c	auses and an I	he date sta	ted above
		ACTUAL S'I MOU NINCULZ	MD. & S.S. H.	Eambu	ty or town, state)	1 0	22.5
1		PHYSICIAN'S Simon VIZKULTIS	<u> </u>				· · • · · - •
	_	Burial Cremation, 226. Date thereof 22c. Name of cemetery of Burial Aug. 25, 1959 Brookview Co	metery	Brookvi	Lew, Nary		Stote)
	23.	funeral director's signature address to Tramptom and Son. Federalsburg, items	yland 240 REC'	D BY REGISTRAR G 2 6 59	24b. REGISTRAR'S	SIGNATURE	

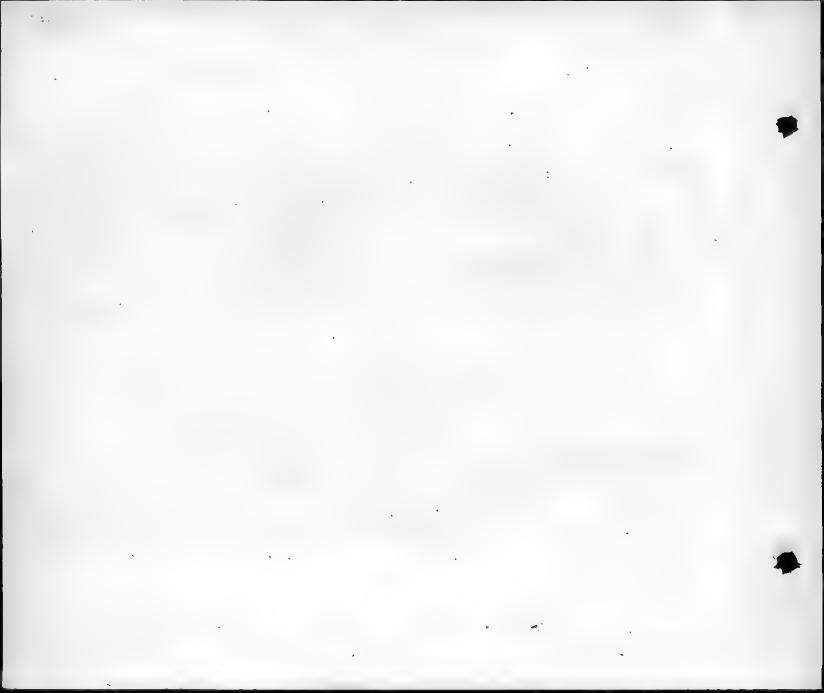
moy be retaine. If the haspital or oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL O

VS A15 (4) 15M 9/58

death. Page 4



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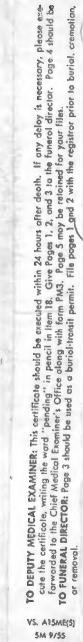
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9062

CERTIFICATE OF DEATH

09047

		AIL OI BLAIII		Reg. Dist. N	lo.
1. PLACE OF PENERCHESTER			deceased lived. If institution b. COUNTY	PRCHESTE	Pre admission)
b. CITY OR TOWN III outside corporate lin RURAL dorld Dreck Durken)	c. LINGH OF STAY IN 1E	c. CITY OR TOWN (If outs		URAL and give r	nearest town)
d. NAME OF TOSPITAL WO'S TREET	give street oddress)	307 BRYN STREET	de la		e. IS RESIDENCE ON A FARM? YES NO
DECEASED					, 195°
female 6. COLOR OR RACE white	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		9. AGE (In years lost wholey) 7. yes.	1	AR IF UNDER 24 HRS Hours Min.
a. USUAL OCCUPATION (Give kind of work during most of working life, even if retire HOUSEWIFE	dane 10b. KIND OF SUSINESS OR INE	DUSTRY 11, BIRTHPLACE (Slole or MARYLAND	foreign country)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OF WHAT COUNTRY
ALBERT COLLER	COOPER				
5. WAS DECEASED EVER IN U. S. ARMED FO		INFORMANT MRS JOHN REVELL			LAND
PART I. DEATH WAS CAUSED BY:	o Coronary Ocolu	sion			TERVAL BETWEEN NSET AND DEATH
Conditions, if ony, which gove rise to immediate	Arteriosclerot	ie hypertensive			aknown
lying couse lost.			Letter drager	•	
PART II. OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	206. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port	t I or Port II of item 18.)		
20c. TIME OF INJURY Month, Day, You Hour o.m.	or 20d. INJURY OCCURRED 20e. While Not while of work □ of work □	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town)	(Count	y) (State
b. CITY OF JOHN HILDER COPPORTE limits, write RURAL and give no CAMBRIDGE d. NAME OF AUSSTLIA HILDER COPPORTED STREET 3. CAMBRIDGE G. CITY OF TOWN (If ownide corporate limits, write RURAL and give no CAMBRIDGE d. NAME OF AUSSTLIA HILDER COPPORT COPPORTED COPPORT COPPORTED COMBRIDGE J. STREET ADDRESS 3. OF BRYN STREET 3. DATE OF BRYN STREET 3. DATE OF BRYN STREET 3. DATE OF BRYN STREET 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED OCT 5. THE LOSS OF AUGUST OCT 5. THE L		te stated above DATE SIGNE			
SIGNATURE CONTROL OF THE SIGNATURE	E. H. Molf	M.D. 15 Locust	Street, Camb	ridge, l	id. 8-4-59
20. BURIAL, CREMATION, 226. DATE THERE	OF 220 NAME OF CEMETERY	MEMORIAL PARK 22	d. LOCATION (City, town, CAMBRIDGE 1	ARYLANI	(State)

VS A1S (4) 1SM 9/S8



VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09048 9063 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

1	orchester	MARYLAND	Marvl Marvl	and	b. COUNT	Porche	etar	
b. CITY OR TOWN and give necreal for	(If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		rporote limits, write			own)
	ambridge	40 years	/3 Cambr	idze				
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in		d. STREET ADDRESS					RESIDENCE
	L Cemetery Ave.		11 C	emetar	r Ave.			NO L
NAME OF	First	Middle	Lost	4. DATE	Mont	h t	Day	Year
(Type or print)	Olin	Philip	Wilson	OF DEATH	August 1	0 1959		19
. SEX	6. COLOR OR RACE 7- MA	RRIED- NEVER MARRIED 8			9. AGE (In years tost birthday)	IF UNDER TYPE	AR IF UN	DER 24 HR
Male	White wibov	WED DIVORCED	March 20.19	09	50 yes.	Months Do	n Hours	Min.
00. USUAL OCCUPAT	ION (Give kind of work done 10)	b. KIND OF BUSINESS OR INDUST			country)	12. CITIZEN	OF WHA	COUNTR
Auto Mecha			Madison.	Bor.Co			II.S.	
3, FATHER'S NAME	- 100-1	L- · · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDEN				U A L	
	Thomas H. Wilso	on	Viola Tr	SVers				
5. WAS DECEASED E	VER IN U. S. ARMED FORCES?		NFORMANT	C. V C. J. D	Address			
res, no, or unknown)	(If yes, give war or dates of service)	214-07-7944 Mr	s.Mable W.W.	ilean :	17 Comete	over flato	Comb	nidaa
PART I. DE		oronary occlu	sion	No. 1			Inst	EATH
Conditions, if	DUE TO							
gove rise to imm	ediote couse							
(a), stoting the couse last.								
	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	RMINAT DISEAS	SE CONDITION GIV	FN IN PART I	allo WAS	ALITOPSY
PART 11, O							PERF	ORMED?
	AUSE WAS 20b. DESC	RIBE HOW INJURY OCCURRED. (E	nter nature of injury in P	Part I or Part I	l of item 1B.)		Land	
PRIMARY OF CO	I.							
20c. TIME OF INJI Hour o. m p. m	. w	thile Not while work 20e. PLA	CE OF INJURY (Home, fo ory, street, affice bldg., e	prm, 20f. (Cit	y or tawn)	(County)	(Stote)
21. I certify	that I taak charge of th	e remains described abo	ve, held an Autop	psy 🔲, I	nspection R.	Inquiry	, and	find the
death resulte	d fram: Natural causes	X, Accident [], Sui	cide [], Homicia	de 🗍 U	ndetermined	ause [].		
ACTUAL	July 2	zoch.	CHIEF MEDICAL	EXAMINER [1		DATE	SIGNED
SIGNATURE		7	_M.D. ASSISTANT MED		•		r 1	
EXAMINER'S NAME (Type)	Dr. John Mace	Jr.	DEPUTY MEDICA				1/1	1/5
	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOC/	TION (City, Iown,	or county)	(Sto	He)
BUTTAL Specif	n Aug. 12.1959	Borchester Mer	norial Park		Cambridge			

24c. REC'D BY REGISTRAR

DATAUG 1 4 '59

24b. REGISTRAR'S SIGNATURE

Cellun S. Kines

ADDRESS

23. EUNERAL DIRECTOR'S SIGNATURE

MINES TO TEADIFILE S WIRMAN OF LADROW. SAIR . . . Company of the Compan and all the second